92 00001

	1 - STATE REGISTRAR	SIAIE UP I		ERTIF	ICATI	E OF	DEAT	AND N TH	MENTAL HYGIEN REG. NO			00001
	1. DECEDENT'S NAME (First, Middle, Last)											3. TIME OF DEATH
	JESSIE	CLYDE			ADA	MS			MONTH D	Ŏ1	YEAR 2	12:15 PM M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign
	213-03-3717	1 M 2 X F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	8-11-13		MAR	YLAND
~	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	Y, TOWN C	R LOCATIO	ON OF DE	ATH	9c. COU	INTY OF D	
Ö	NORTH ARUNDEL	HOSPITAL	ASSOCI.	ATION		GLE	N BU	RNIE			Α.	A. COUNTY
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION					10d, INSIDE CITY
DIRECTOR	MARYLAND ANNE	ARUNDEL			N BU							LIMITS?
	10e. STREET AND NUMBER	INCHDED		OLL	II DO		. ZIP CODE			10n. CIT	IZEN OF Y	WHAT COUNTRY?
ER/	7134 BALTIMORE A	ND ANNAP	OLIS BL	VD.			2106	1			S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	BMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yas		14. RACI	E American Indian.
BY F	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE W	YES 2 X	JNO			2 NO		i, Puerto Rican, atc.)		Spec	k, White, etc.
	The second secon											WHITE
1	15. DECEDENT'S EDU (Specify only highest grade	completed)		Give kind of the Do NOT us	Work done	during mo	ON st of workin	g	16b. KIND OF BUS	SINESS/IN	OUSTRY	
7	Elementary/Secondary (0-12)	NONE) "		MAK				OLINI III	NAT.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	NONE		HOME	MAN	LK	10 11071	EDIC MAA	OWN HO			
	JAMES LLOYD WESL	FV					1114		ME (First, Middle, Maiden TUBBS	Sumame)		
BE	19e. INFORMANT'S NAME (Type/Print)	IL I	1	9b. MAILING	ADDRESS	S (Street e			DUDDS Oute Number, City or Tow	o Chain Ti	n Code)	21061
2	JEANNE ADAMS											21061 BURNIE,MD
	20a METHOD OF DISPOSITION 1 \(\overline{A} \) Burlel 2 \(\overline{C} \) Cremetion 3 \(\overline{A} \) Rem		20b. PLACI	E AND DATE	OF DISPOS					CATION —		
	4 Donetion 5 Other (Specify)	A CONTRACT	GLE	remetory or o	ther plece) EN M	EMOR	IAL :	PARK	1-4-92 GI	EN B	URNT	E. MD
	21. SIGNATURE OF JUNERAL SERVICE LA	CENSEE	1)		22.	NAME AN	D ADDRES	S OF FAC	ILITY		O I CI C	2, 12
	HORRY	11/	mso	ne	1				ERAL HOME S.W. GLEN	מווס ד	NITE	MD 21061
	23. PART I. Enter the diseases, or about or beast follows	complications that	caused the c	leath. Do r	not enter	the mo	de of dyi	ng, auch	aa cardiac or respi	ratory an	rest.	Approximata
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	se on each iir	ie.				-		30.0	1	intarval Between Onset and Daath
	disease or condition reaulting in death)	. Phe	020	nla	. (ロルツ	101	14-	Acous	20	d	30 days
			OR AS A CONS				-		11/		<u></u>	20 day
N	Sequentially list conditions,	a Con	905	HUR	(a	rd	101	11/0	tog the			340415
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	F.4	OR AS A CONS		F): (-	1	/ (1	1		-
5	CAUSE (Disease or injury		OR AS A CONS		- 1	+,4	-ta	vc	trais-			Sypus
Ē	that initiated eventa resulting in death) LAST	AL	4200	P	5 K Q ,	C						/
E		d					>					
AL	PART II. Other aignificant condition		death but not	reaulting i	in the un	nderiying	cauae g	iven in F	Part i. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
8	Hyporten	Sion							1 YES 2			COMPLETION OF CAUSE DF DEATH?
M	ladal f	allur	1									1 YES 2 NO
BY PHYSICIAN: MEDICAL	A5 1880 0405											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)			
¥	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF			- T				Other (Specify)			
9	1 Natural 5 Pending	(Month, De		28b, TIM INJ	URY	28c. INJU WOI	RK?		28d. DESCRIBE HOW II	NJURY OC	CURED	
- 18	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At h	ome, term, s	treet fact				281 LOCATION (Complete	and bloombar		
	4 Homicide 6 Could not be detarmined	building,	etc. (Specify)			ory, ornea			28t. LOCATION (Street a City or Town, State)	ing Number	or Hurai H	ioute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of										
MP	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of ex	my knowleage, o amination end/or	Investigatio	n. In my o	ime, date	end place,	end due t	to the ceuse(e) and men	ner ee atat	led.	construction of
	29b. SIGNATURE AND TITLE OF CERTIFIER					,						
BE	Relie	12/1	01	MY			De LICE	NSE NUME	19	29d. DAT	and the same of	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	E OF OEATH (ITI	EM 27) (Type	Print)		70		(U	an	116
						N AV	ENUE	/BAL	TIMORE, MA	RYLA	ND 2	1226
	31. OATE FILED (Month, Day, Year)	32. REGISTRAL							,			
	JAN 02 1992	Juna Dav	ason-Man	WEDE:								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

and the Sandy

AND BEING

ITEMS:23,27 per ME G-683 1/13/92 cm

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / CE				DEAT		MENT	AL HYGIEN REG. NO.	E		
-	1. DECEDENT'S NAME (First, Middle, Last)								2. DA	TE OF DEATH		METE	3. TIME OF DEATN
	JOYCE ANN	BUTLE			TER				0			YEAR 1	7:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS, MIN.	7. DAT	E OF BIRTN		Countr	IPLACE (State or Foreign
	216-42-0399 9a. FACILITY NAME (If not institution, give str	1 M 2 KF	47	YRS.	-		77.74			7-44		MAR:	YLAND
œ					1.77		OR LOCATIO	ON OF DE	EATH		-	ITY OF D	
DIRECTOR	UNION MEMORIAL	HOSPITA	AL		BAL	TIM	ORE				BAL	PIMO	RE CITY
REC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
٥		MORE CITY		BAL	TIMO	RE							LIMITS?
3AL	10e. STREET AND NUMBER						. ZIP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	3825 REXMERE ROAD						21218				UNI	red s	STATES
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	MED O		It yes, sp	ENDENT O	F NISPAN n, Maxica Specify	n, Puert	iiN? (Specify Yea o Rican, etc.)	or No—	14. RACE Black Speci	— American Indian, c, Whita, atc.
8	15, DECEDENT'S EDUC	ATION	18a. DEC	CEDENT'S	USUAL O	CCUPATIO	N		1	6b. KIND OF BUS	INESS/IND	USTRY	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+	Man.	Do NOT us	work done se retired.)	during mo	st of workin	g					
COMPLETED	12		SO	CIAL	WOR	KER			1	SAINT P	ETER	CLAY	ER CHURCH
	17. FATHER'S NAME (First, Middle, Last)	CD.								, Middle, Maiden	Surname)		
B	JAMES T. WOODLAND,	SR.			-: - · · ·					STEWART			
٩	19a. INFORMANT'S NAME (Type/Print) RANDOLPH A. BUTLER	3	38	825	REXM	(Street a				mber, City or Town			21218
	20a. METNOD OF DISPOSITION 1	val from State	20b. PLACE AI cemetery, crem GARRI	ND DATE	OF DISPOS	EST	me of VET.	1.		TE 20c. LOC	NGS N	City or To	wn, Stata S, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / 1	- Gamera	021		_	D ADDRES						
	alvin L. 1	Villean	هد		C	HATM	AN/H	ARRI	S F	H. BA	LTIME	E, 1	LLOH ST MARYLAND
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	DUE TO (DR AS A CONSEOU	UENCE OF	F):	RE							
E I	d.											•	
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to d	laath but not ra	sulting i	n tha un	deriying	cause g	iven in	Part I.	24a. WAS AN PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATN (Che	ck only	one)			
2	1 X YES 2 NO	1 Inpatient 2			4 🗆 Nun	Ing Home	-	idence		er (Specify)			
	1 Natural Sandings	28a. DATE OF II (Month, Da)		28b. TIM	URY	28c. INJU	RK?		28d. DI	ESCRIBE HOW IN	JURY OCC	URED	
ž I	2 Accident Investigation 3 Suicide & Could not be	28a, PLACE OF	INJURY — At hom	to form o	Trank fact		ES 2 [NO	201.10	0.000			
	8 Could not be determined	building, a	tc. (Specify)	-u, varin, a	- Note	ory, orne			Cit	CATION (Street ar y or Town, State)	nd Number (or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of n	ny knowledge, deat	th occurre	d at the ti	me, data :	and place, ath occure	and dua	to the c	ause(s) and mani	dua to the	d, ceuse(s)	and manner as stated.
и II	29h SIGNATURE IND TITLE OF CHATTER	7					29c. LICE						(Month, Day, Year)
0	11 1911	1					0.C					104/	1 1 1 1 1 1 1 1 1
	30. NAME AND ADDRESS OF PERSON WIND	COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)		0.0	· FI · I			UI	04)	24
	PRINKS (TEUET,	11	PE	NN S	TRE	ET.	BAT	гім	ORE MA	RYT.	A N D	21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR			1.1-							4614/	~ 1 & ∨ 1
	JAN 07 1992	Juna ward	on-Randel	EC.									

URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be hearth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. MPORTANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/69

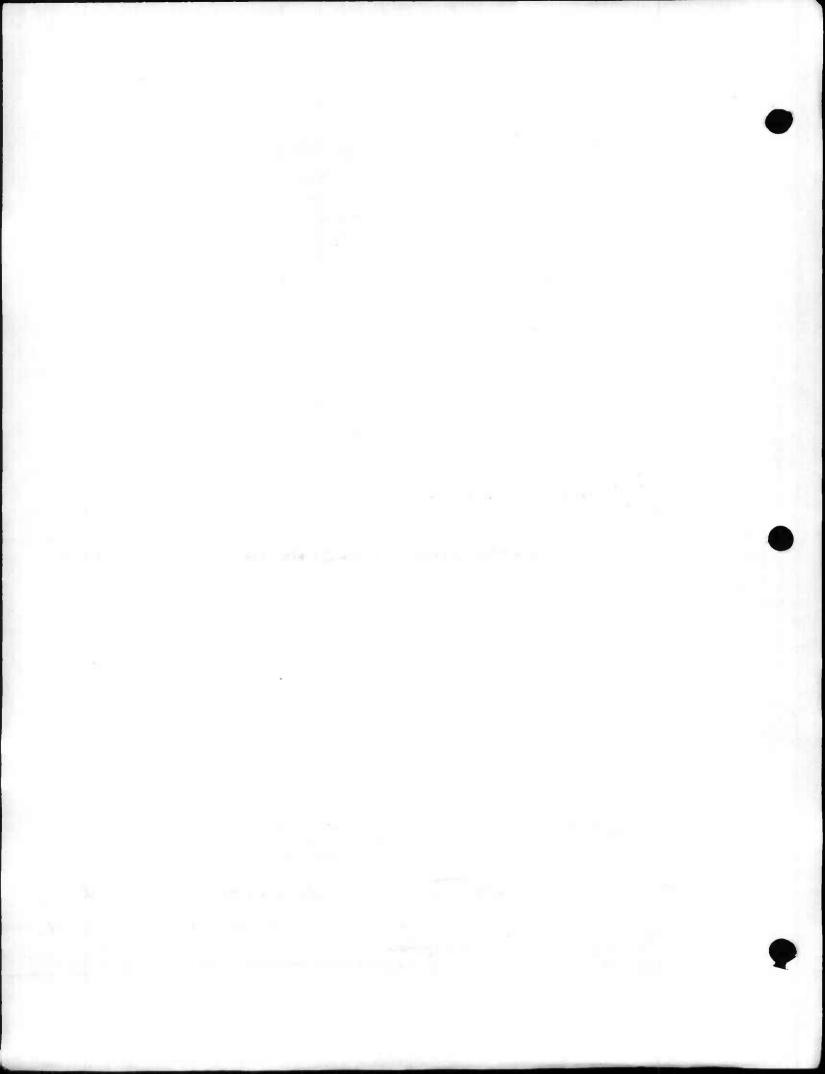
TO THE HOSPITAL OR ATTENDING PHYSICIAN TEACHERS that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 nous after meanth with the State Degr. or Hearth and Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If them 28 is marked, or flow 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. RECORDS, P.O. BOX 68760,

DIVISION OF VIT

FOR 1 - STATE

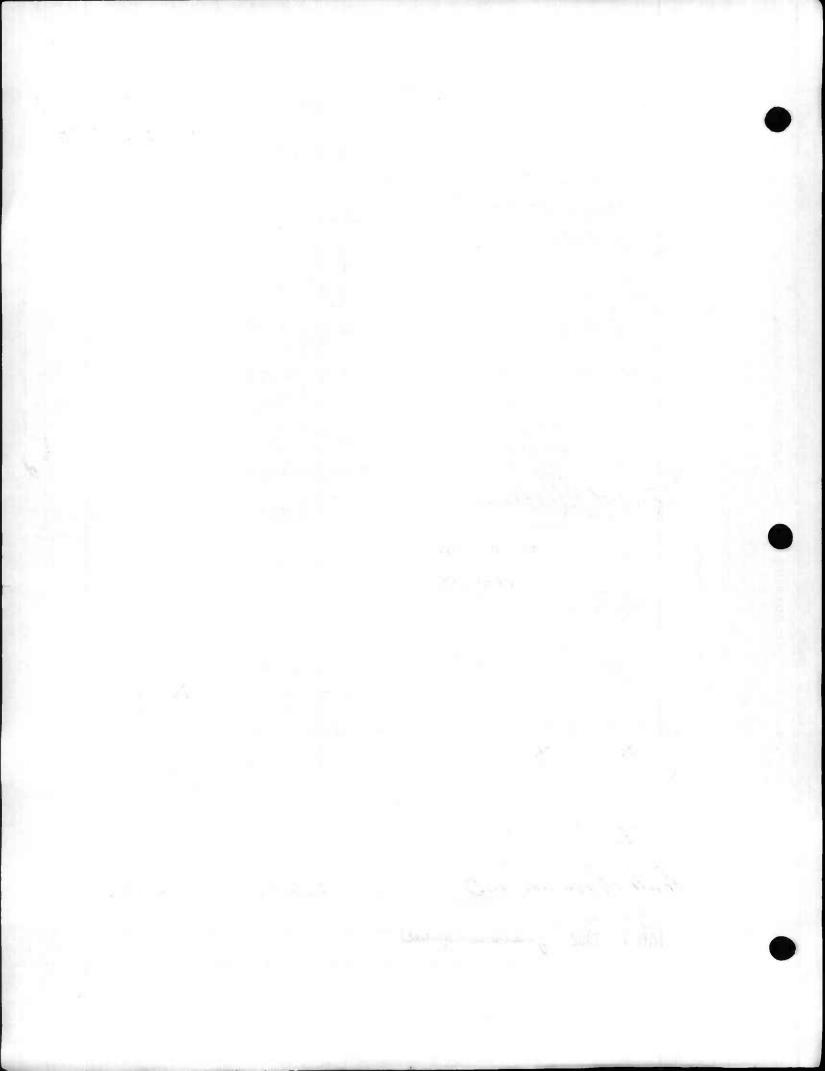
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAR		CERTIFIC	CATE OF	DEATH	REG.	NO.			
1. DECEDENT'S NAME (First, Middle, Le		madette C			2. DATE OF DEAT	H DAY	YEAR 3. 1	TIME OF DEATH	
4 00041 0501051414		rnadette C		-	1	1 199	92	12:00	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes	1	8. BIRTHPLAC	CE (State or Forei	gn
214 76 0305	1 □ M 2 🔯 F	79 YRS.	- DATS	THOURS IN.	1/24/19	912		land	
9e. FACILITY NAME (If not institution, gi				OR LOCATION OF D		9c. COUN	S. BIRTHPLACE (SI Country) Maryla NTY OF DEATH LIE Arunde 10d. INSI 1	1	
329 Double E			Linth	icum Hei	ghts	Anne		ndel	
RESIDENCE OF DECEDENT			TOWN OR LOCA						
	e Arundel			Heights			10d	INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	- THURSEL							YES 2 NO)
	na poden		10	of, ZIP CODE				COUNTRY?	
329 Double Ea				21090			S.A.		
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 7	ER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specifien, Puerto Rican, etc.	y Yee or No-	14. RACE A	American Indian,	
3 Widowed 4 Divorced	IF YES, GIVE WAR O	OR DATES		S 2 X NO Specific		"	Specify:		
15. DECEDENT'S 8	PUCATION							White	
(Specify only highest gr	ade completed)	(Give kind of wor	SUAL OCCUPATI rk done during m	ON ost of working	16b. KIND OF	BUSINESS/INDU	ISTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)								
12th Grade 17. FATHER'S NAME (First, Middle, Last)		Housewi	ite			e Maker			
17. PAIRER'S NAME (FIRST, MIDDIE, LAST)	Edward CL				ME (First, Middle, Ma				
	Edward St	orey		Mar	_				
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or				
Albert F. Cove	C	329 1	Double	Eagle Dr	ive Lin	thicum 1	Height	s, Md.	2
20a. METHOD OF DISPOSITION 1 ↑ Buriel 2 □ Cremetion 3 □ R		20b. PLACE AND DATE OF cemetery, crematory or other		ame of	DATE 200	LOCATION C	Ity or Town, S	State	
4 Donation 5 Other (Specify)		Cedar Hill	Cemet	erv_	1-4	Baltimo	re, Ma	rvland	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ND ADDRESS OF FA	CILITY				
1. Kuko	ul Xe	me	Geor	ge J. Go	nce Fune	ral Home	e P.A.		
23. PART I. Enter the diseases, of shock, or heart fallul	or complications that cause. List only one cause o	used the death. Do not in each line.	t anter tha me	oda of dying, suc	ch as cardiac or r	espiratory arre	st,	Approximata intarvai Betv	
iMMEDIATE CAUSE (Final disease or condition	4.4							Onset and D	
resulting in death)	. METAST		CAR	CINON	1A			monote	C
	DUE TO (OR /	AS A CONSEQUENCE OF):			•				
Sequantially list conditions,	ъ.								
If any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON A	AS A CONSEQUENCE OF):							
CAUSE (Disease or Injury	C	AS A CONSEQUENCE OF):							
that initiated events resulting in death) LAST	DOE 10 (OR)	AS A CONSEQUENCE OF):					i		
	d								
PART II. Other algnificant condit	ions contributing to deat	th but not resulting in	the underlyin	g cause given in	Part i. 24s. WAS	S AN AUTOPSY	24b. WER	E AUTOPSY FINDI	NGS
					PER	FORMED?	AVAII	LABLE PRIDR TO	SF
					— ¹ □ YE	S 2 1 NO		DEATH?	
					<u> </u>		1 🗆	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)				
1 YES 2 NO	1 Inpetient 2 I ER/C	Outpetient 3 DOA 4	☐ Nursing Hon	ne 5 Reeldence	8 - Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Yes		OF 28c. IN.	JURY AT ORK?	28d. DEŞCRIBE HO	W INJURY OCCU	RED		
2 Accident Investigation				YES 2 NO					
3 Suicide 8 Could not i	28e. PLACE OF INJI building, etc. (3	URY — At home, term, stre Specify)	et, factory, offic	•	281. LOCATION (Str City or Town, S	eet and Number of	r Rural Route I	Number,	
4 Homicide determined					, v. 10m11, d	,			
29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the beet of my kr	nowledge, death occurred	st the time. deta	and piece, and due	to the cause(a) and	menner ee state			
one) 2 MEDICAL EXAM	NER: On the beele of examina	stion end/or investigation.	In my opinion	leath occured at the	time, date and place	and due to the	councie) and	menner en stra	vd.
29b. SIGNATURE AND TITLE OF CERTIF			, -, -, -, -, -, -, -, -, -, -, -, -, -,			_			d.
CA CHILLE OF CERTIFIC	0 5	_		29c. LICENSE NUI			SIGNED (Mon		
7	pur			219	512	1	- 2-	92	
30. NAME AND ADDRESS OF PERSON	11		int)	Lin.	512 SURN				
	N Huy	54178	206	64	N BURN	12.	MD	2106	/
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	ason-Randell							
JAN U A 199	11 wine ward	MODE MALLOCOR							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
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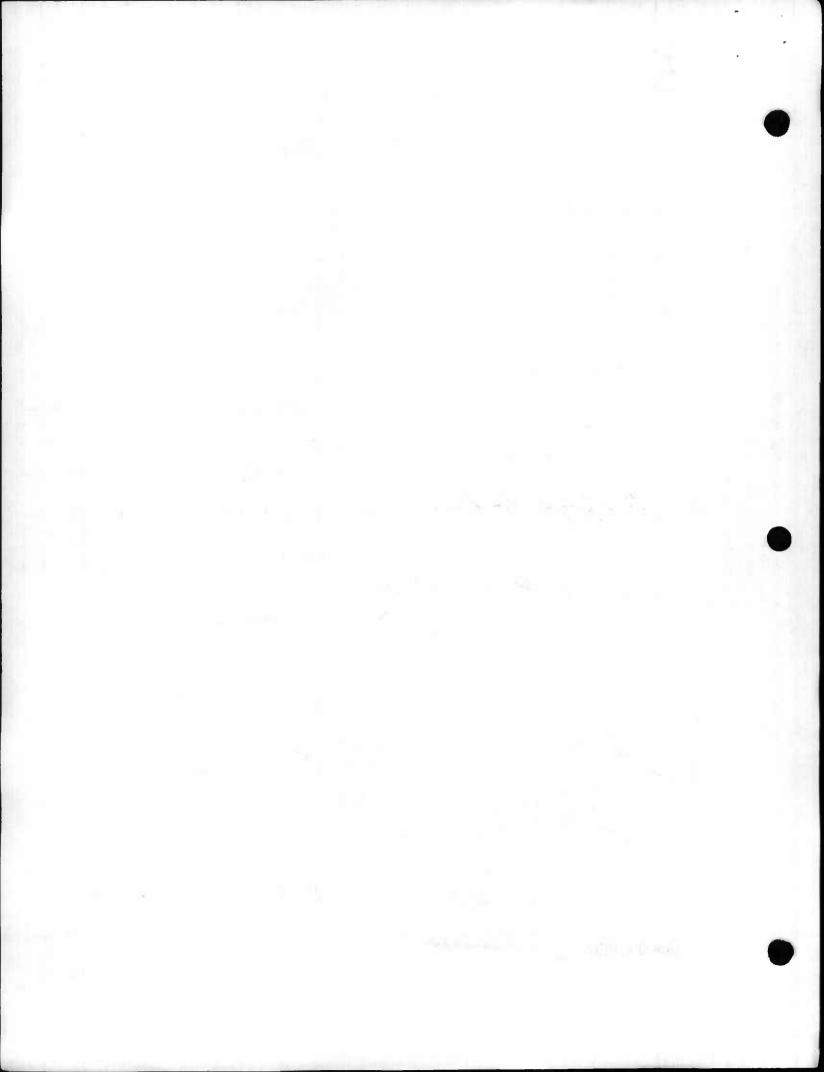
	1. DECEDENT'S NAME (F	irst, Middle, Las	0					DEAT			E OF DEATH			3. TIME OF DEA
	LEONAL	RD FRA	NK DOW	DING						MON	TH	DAY 9	YEAR 2	0800H
	4. SOCIAL SECURITY NE		5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH			IPLACE (State or F
	074 12 182	25	1 M 2 D F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	ith, Day, Year)		Countr	y)
	90. FACILITY NAME (# no	x institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF O		-3-19°	9c. COUN		ISS EATH
OR	FREDERIC	K MEMO	RIAL HOSE	PITAL				ERICK						CK Coun
DIRECTOR	RESIDENCE OF D											1 1 1 1 1		.CR COUIT
IRE	Maryland	10b. COUN	ERICK COU	TATOMSE	10c. CIT	Y, TOWN O								10d. INSIDE CITY
	10e, STREET AND NUMB		EKICK COO	N.T.A		F	-	ERICK	-					1 YES 2
RAL		ndown	Lane				101.	. ZIP CODI				10g. CITIZ	EN OF W	HAT COUNTRY?
FUNE	11. MARITAL STATUS	140 1111	12. WAS DECEDEN	NT EVER IN II C	ADMED	40.1		-	1701				SA	
	1 Never Married 2	Merried	FORCES? 1	1 YES 2	□ NO	i i	yee, spe	ecify Cube	n, Maxica	n, Puerto	IN? (Specify Y Rican, atc.)	ea or No-	14. RACE Black	— American Indi
ВУ	3 Widowed 4 D		IF YES, GIVE Y	MAR OR DATES	no	1	☐ YES	2 NO	Specif		no		Spech	white
8	15. C	DECEDENT'S ED	DUCATION	18e	. DECEDENT'S	USUAL OC	CUPATIO	ON .		16	b. KIND OF B	USINESS/INDU	ISTRY	
4	Elementary/Secondery		College (1-4 or 5	+)	(Give kind of life. Do NOT us	work done d sa retired.)	luring mo:	st of workin	g					
MP	<u> </u>	12	4		Er	ngine	er				Chemi	ical E	ngir	neer
COMPL	17. FATHER'S NAME (First							18. MOTI	IER'S NA	ME (First,	Middle, Maide			
ш	LEONARD E		OWDING					Lo	uise	GU]	LLEMO	T		
0 8	190. INFORMANT'S NAME				19b. MAILING							wn, State, Zip (Code)	-
-	Elizabeth		wding Wi	fe	8101	Sur	ndow	n La	ne,	Fred	derick	, MD	217	0 1
	20a, METHOD OF DISPOS		moval from Stale		CE AND OATE		TION (Na	me of		DA	TE 20c. L	OCATION — C	ity or To	wn, State
	4 Donallon 5 Don	her (Specify)			, crematory or o	mer place)								
- 1	21. AIGMATURE OF FUNE	GAL DESIGNATION !												
	X /	AL SERVICE	Rona	ld Wade	e. Dir	22. 1	IAME AN	D ADDRES	S OF FA	CILITY	CUVUE	ANIAMO	2437	DOD ND
	23. PART I. Enter the	diseases, or heart failure	Rona. complications that List only ona cet HEPA'	TOMA	death. Do r	65 not enter	55 W	. Ba	ltim	ore	St, B	ANATO alto.,	MD :	BORAD 21201 Approximinterval Bonset and
SATION	23. PAFT I. Enter the shock, of iMMEDIATE CAUSE (I disease or condition resulting in death) Sequentielly list conditions if any, laeding to immiguate. Enter UNDER!	diseases, or heart failure Final ditione, nediste LYING	Rona. Complications that List only ona cet HEPA' S. OUE TO C. P. P.	1- at caused the	-6-92 death. Do riline.	65 not enter	55 W	. Ba	ltim	ore	St, B	alto.,	MD :	21201 Approxim
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	_		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3, TIME OF DEATH	
	ROLLAND EVERTT	DRAKE					1992	YEAR	A
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreig	m in
	451-14-9836	1 💢 M 2 🗆 F	87 YRS.	MONTHS DAYS	HOURS MIN.	09-26- 19	1/	NEBRASKA	yri
_	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF D	EATH		Y OF DEATH	
DIRECTOR	54 Benson Ave.			MILLI	ERSVILLE		ANNE	ARUNDEL	
E	10a, STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY	
9	MD WORC	ESTER	P	OCOMOKE	CITY			LIMITS?	
AL	10e. STREET AND NUMBER	·		10	f. ZIP CODE		10g, CITIZE	N OF WHAT COUNTRY?	_
FUNERAL	4548 WHITESBURG				21851			U.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2XXNO	If yes, sp	CENDENT OF HISPA ecify Cuban, Mexico 2 NO Specifi	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No-	4. RACE — American Indian, Black, Whita, atc. Specify: WHITE	
입	15. OECEDENT'S EDU (Specify only highest grade	CATION COMPleted	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND OF BU			
COMPLETED	Elementary/Secondary (0-12) 6 th .	College (1-4 or 5+) NONE	life. Do NOT us	vork done during mo se retired.) E FITTER		MARYLANI AND DRY		BUILDING	
S.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)		
BE C	LUIN		DRAKE		PEARI		1	McBETH	
5	MRS. MARY B. SHO	CK				Route Number, City or Tow ERSVILLE, M.			
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Cremetion 3 □ Ram 4 □ Donation 5 □ Other (Specify)		206. PLACE AND DATE OF THE TRO CREM		ama of	1		ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI				NO ADDRESS OF FA			, 1111(111111)	_
	· of Shorn	2 Hopk	·			NERAL HOME	TAGIIG I	IE. MD 21061	
	23. PART I. Enter the diseases, or shock, or haert failure.	complications that caus	sed the deeth. Do n	ot enter the mo	de of dying, auc	h as cerdiac or respi	ratory arres	it, Approximata	
	IMMEDIATE CAUSE (Finel	RESP	111 70	17 /	Annes	7		Interval Betwood Onset and De	
-		DUE TO (OR AS	S A CONSEQUENCE OF	D:					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE OF	·):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	· CENE	SBROVA	SCULA	m A	CCIBENT.			
E 1	that initieted events resulting in daeth) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	7):					
H H	resulting in daeth) LAST	d							
	PART II. Other significent condition	e contributing to deeth	but not resulting I	n the underlying	ceuse given in	Part I. 24a, WAS AN	AUTODEV	24b. WERE AUTOPSY FINDI	1100
MEDICAL					g eo given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
						1 🗆 YES 3	MO NO	DF DEATH?	SE.
						—		1 TYES 2 NO	
₹ I	25. WAS CASE REFERRED TO MEDICAL			26 Pt	ACE OF DEATH (Ch	and and and			_
PHYSICIAN:	EXAMINER?	HOSPITAL:	utnetlent 3 004	OTHER:					\neg
¥	27, MANNESS-OF DEATH	28a. DATE OF INJUR		4 Nursing Hom E OF 26c, INJ		a ☐ Other (Specify) 26d. DE\$CRIBE HOW II	HILIBA OCCIN	PEN .	
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year) INJ	URY WO	RK? /ES 2 NO	ave. DEQUINDE FION	NOON OCCO	RED	
COMPLETED	5 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (S)	RY Al home, farm, a pecify)	treet, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,	
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno	owledge, death occurre	d at the time, date	and place, and due	to the cause(s) and man			
OM	one) 2 MEDICAL EXAMINE	R: On the basis of exeminar	tion end/or investigation	n, in my opinion, d	eath occured at the	time, date and place, an	d dua to the o	cause(s) and manner ae state	d.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	4			29c. LICENSE NUM	MBER	29d. DATE S	IGNED (Month, Day, Year)	\neg
2	16 Nea	to N	La.		0337	57	1-1	1-92	
	30. NAME AND ADDRESS OF PERSON WH	SEAGEN			KNS UL-A	a FAMM	ROAM	ANNOW	
	JAN 02 1992	32. REGISTRAR'S ST	MANAGE.				17.113	7 0.11	



FOR STATE REGISTRAR

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.O. B(certificate
S, P	death
	the
OR	that
RECO	requires
	Jaw.
I	100
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	17AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 now
VISION	ATTENDING
5	S
	YTAL

2 2 3

0

31. DATE FILED (Month, Day, Year)
JAN U 2 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR CLAUDINE M. HOLQUIST 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Month, Dey, Year) 1 M 2 XF 579-30-9991 64 24 nours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2930 Frederick Avenue Baltimore City N/A 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Md. N/A Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2930 Frederick Avenue-Baltimore, Md 21223 U. S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuben, Mexicen, Puerto Ricen, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 K Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced N/A White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) N/A Waiter N/A once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Harry E. Slue notified at Leonia Barton BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Nettie M. Bryant 2930 Frederick Avenue-Baltimore, Md. 21223 96 20a METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must cemelery, crematory or other place)
Mt. Ulivet Cemetery 1-6-92 Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3512 Frederick Avenue G. Truman Schwab Baltimore, Md. 21229 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, shock, or heart failure. List only one ceuse on each line.

IMMEDIATE CAUSE (Fine) Approximata 6 Interval Between Onset end Death inding physician and completely fille Hygiene prior to burial, cremation, the diseese or condition Renal Failur traumatic event, recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): Multiple Cerebrovascular Accidents CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury has been signed by the attending physician Dept. of Health and Mertal Hygiene prior to or other thet initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 23 shows any AVAILABLE PRIOR TO Mellituo etes COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Hypertension 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) Item After this certificate death with the State OTHER:
4 □ Nursing Nome 5 ☐ Residence 8 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) O THE HOSPITAL OR ATTENDIN D THE FUNERAL DIRECTOR: At e filed within 72 hours after de 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) S COMPLETED 8 Could not be 4 Homicide 28 IMPORTANT: If Item 29e. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) end menner as stated.
2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Dehrano NO Asst. Prot of Media Mary land 1/2/92

Balto.

My

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

92 00006

Va.

REG. NO

32747

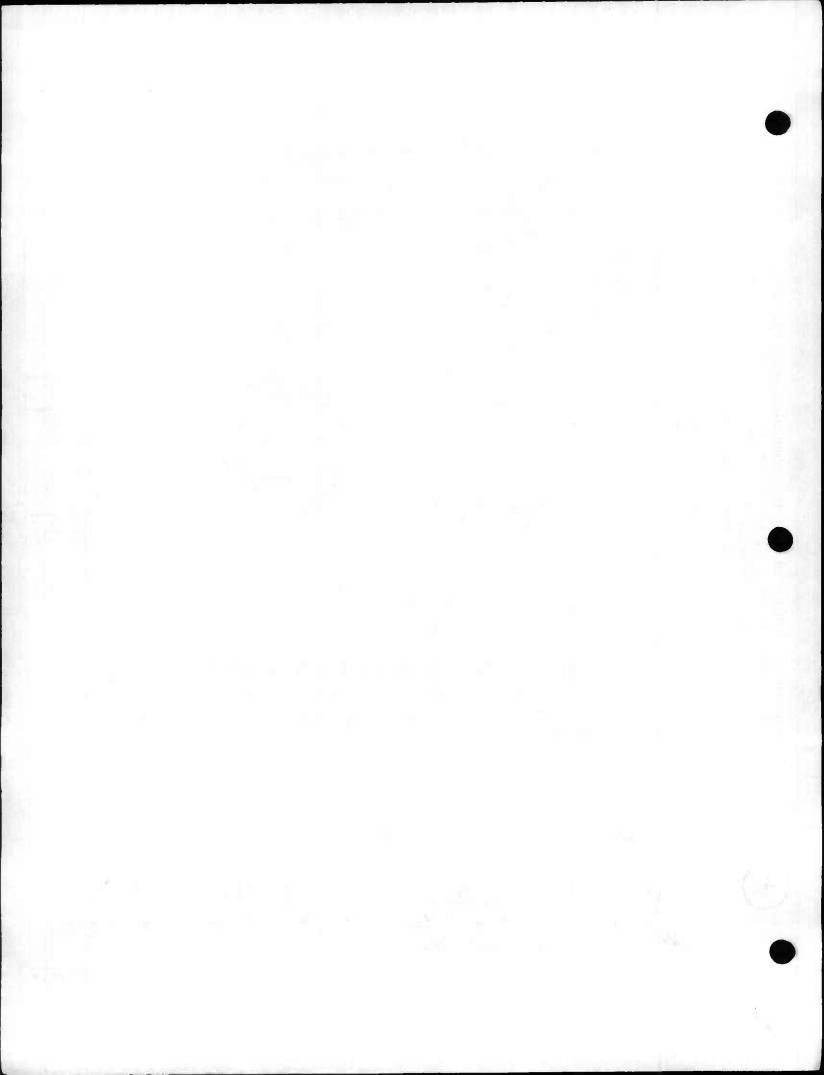
21201

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	1 - STATE REGISTRAR		CE	ERTIF	ICATI	E OF	DEA	TH I	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Las								2. DATE OF DEATH			3. TIME OF DEATH
	BURGOYNE HOLLY	PORTER,	Sr.						01/01/19	92	YEAR	09:00A M
	4. SOCIAL SECURITY NUMBER 216-09-6509	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	86184	7. DATE OF BIRTH (Month, Day, Year)		S. BIRTHE	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give		85	YRS.			7.000		06/07/190		LOU	ISANNA
DIRECTOR	G.B.M.C6701		ST		BAL	TOWN C	MD 2	ON OF DEA 21204	TH		TO C	OUNTY
EC	10a. STATE 10b. COUR	ITY		10c. Ci1	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
		TO COUNTY		B	ALTIM	10RE	, MD				- 1	LIMITS?
FUNERAL	3 RIDENOUR CO	OURT					21204			10g. CITI	USA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI	MEO IO		If yes, sp	ecity Cuba	n, Maxican,	C ORIGIN? (Specify Yas Puarto Rican, atc.)	or No-	Black,	American Indian, White, atc.
8	15. DECEDENT'S EL (Specify only highest gra	DUCATION (de completed)	16a. DE0	CEDENT'S	USUAL O	CCUPATIO	DN .		18b. KIND OF BUS	SINESS/INC		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	7)	ianac	work done (se retired.)	during mo	st of workin	g	Resta			
O	17. FATHER'S NAME (First, Middle, Last)						18 MOTE	FR'S NAM	E (First, Middle, Maiden			
BE C	Herman Masters P	orter					Bes	sie I	3rown	_		
TO	B. Holly Porter,	Jr.	19b	420	Blen	(Street a	nd Number Roa	or Aural Ao d Bal	ute Number, City or Tow Ltimore, N	n, State, Zip 1d. 2	Code) 1212	
	20a. METHOD OF DISPOSITION Burial 2 Cremation 3 Ra	moval from State	20b. PLACE A	NDDATE	OF DISPOS	ITION (Na			OATE 20c. LO	CATION —	City or Tow	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	cemetery, crem Garde	ns c	f Fa	ith	n Anones	S OF FACI	1/4/92 F	Balti	more,	Md
	· Phillip X	Harty	M0053	0	S.	terl	ing .	Ashto	on Funeral Avenue E	Hom	e, Ir	nc.
CERTIFICATION	shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. CONG DUE TO DUE TO C.	ESTIVE L (OR AS A CONSEO (OR AS A CONSEO	HEAR] NUENCE OF NRT [DISEA							Approximate interval Between Onset and Daeth
ERTIF	that initiated avents resulting in death) LAST	d	(OR AS A CONSEO	UENCE O	F):							
MEDICAL	PART II. Other significant condition	ens contributing to	death but not ra	isulting i	in the un	deriying	cause g	iven in Pa	ert I. 24a. WAS AN PERFOR 1 [YES 2	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
<u> </u>	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Check	(only one)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER 4 Nurs	1:			Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY	25b. TIM	E OF	2Sc. INJL	JRY AT		8d. DESCRIBE HOW IN	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation				M		ES 2 _	NO				
E	3 Suicide S Could not be determined	28a. PLACE Of building,	FINJURY — At horr stc. (Specify)	ne, ferm, s	dreat, facto	ery, offica		2	St. LOCATION (Street a City or Town, State)	nd Number	or Rural Rou	rte Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY: 2 MEDICAL EXAMIN	SICIAN: To the best of	my knowledge, dea	th occurre	ed at the tir	me, deta	and place,	and due to	the cause(a) and man	ner aa state	id.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				- 1							
TO BE	12m H4	in soll	cur				≥90. LICEI	NSE NUMBI	761	29d. DATE	1 / /	forth, Day, Year)
	30. NAME AND AGORESS OF PERSON W	- /		27) (Type,	Print)	len	X	_ , 1	ows	Ш	1	4200
	JANLED (Manth. Pay your)	July JENEGISTRAI	T'S SUGNATURE								7	7

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



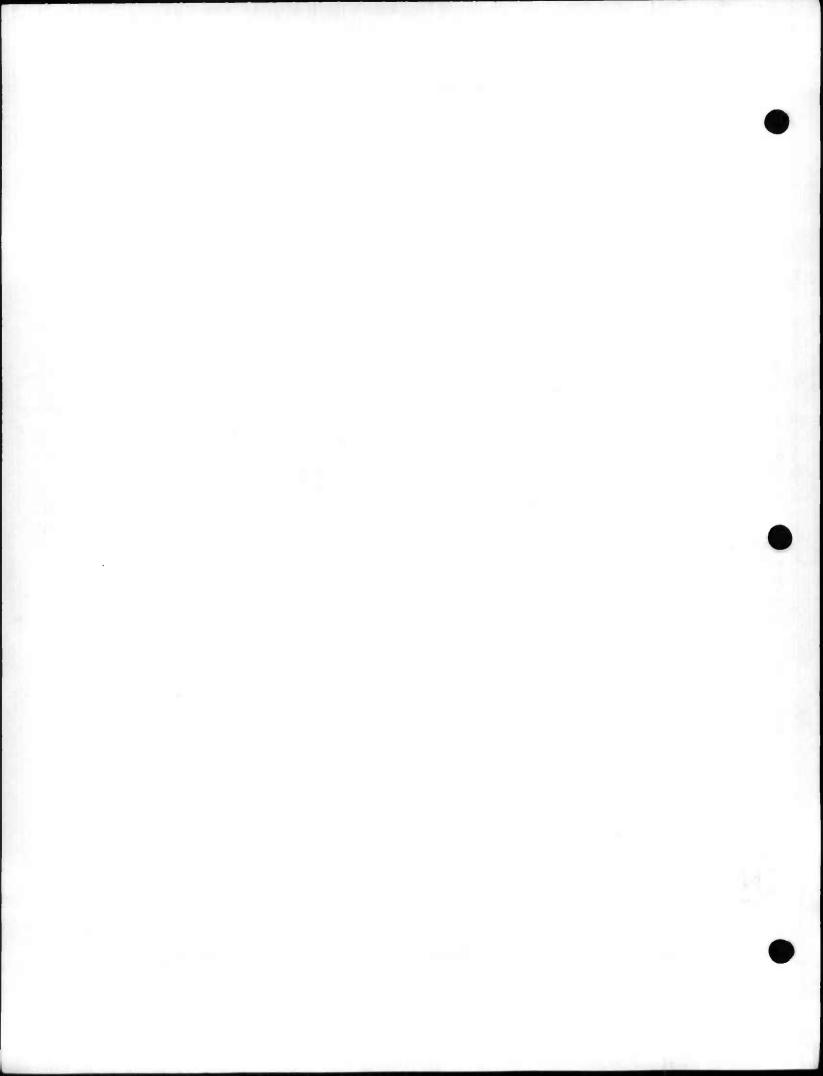
BAL	death	
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	If HAN TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death	DAIL DUDYCOND A About Alice and April 1975 and Apri
60,	within	1 -4 -4 - 1
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	executed	
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31. DATE FILED (Month, Day, Year)

JAN 0 2 1992

32. REGISTRAR'S SIGNATURE a Davidson-Andello

1	1. DECEDENT'S NAME (irst, Middle, Last)	-				-	DEATH		REG. NO		2	TIME OF DEA
	HAZEL	RICH	MOND							1- 1-	192	YEAR 3.	1.15
	4. SOCIAL SECURITY N		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	YEAR	IF UNDER 24 HRS.	7.04	TE OF BURTH		8. BIRTHPLA	CE (State or I
	219-10-19		1 🗆 M 2 💟 🖡	77	YRS.	MONTHS	DAYS	HOURE MIN.	1	0-1 8-]	1914	Country) Mary	
-	90. FACILITY NAME (If no			0.50		9b. CITY,	TOWN (OR LOCATION OF		7	_	NTY OF DEATI	
CTOR	CHURCH HO		BROADWAY		,	BAL	TIM	ORE	12				
EC	RESIDENCE OF D	10b. COUNT	Υ	/	10c. CITY	Y, TOWN O	R LOCAT	TION				140	I. INSIDE CIT
AL DIRE	MD. 100. STREET AND NUMB		TIMORE				INV	ERNESS				1[YES XX
œ	1 BEACH DE						21	ZIP CODE				ZEN OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 C		12. WAS DECEDED FORCES? IF YES, GIVE	YES	ZXXNO	117	yes, sp	ENDENT OF HISP ecity Cuben, Mexi 2 XNO Spec	cen, Puerl	GIN? (Specify Ye to Ricen, atc.)		14. RACE — Black, WI Specify:	ilte, atc.
TED	15. E (Specify	ECEDENT'S EDL	CATION completed)	16	Se. DECEDENT'S	USUAL OC	CUPATIO	ON et of working	1	6b. KIND OF BU	SINESS/IND	T T TO AD ADOL AND ADDRESS.	
LET	Elementary/Seconder		College (1-4 or 5	+)	(Give kind of w life. Do NOT us		uny mo	s or wonung					
MP	UNKNOWN	141-41-1			HOMEMA	KER				OWN H			
BE CO	17. FATHER'S NAME (First		PYLANT					18. MOTHER'S N	ELY				
10	198. INFORMANT'S NAME STUART RIC		JR.					nd Number or Aura Dundalk				Code)	
	20e. METNOD OF DISPOS 1 Burlel 2 Creme		oval from State	20b. PL	ACEANDDATEC	F DISPOSIT	ION /Na	me of				City or Town,	State
	4 Donetion 5 Don	her (Specify)		Gre	ry, cremetory or ot. een Moul	nt Cr	ema	tory	1	B	Alto.	Md.	
	21. SIGNATURE OF FUNE 23. PART I. Enter the	ly ,	Stack	mo	0550	Bra 213	dle 84 W	y-Ashto illow S	n FU prin	neral H	Home, Dunda	INc. lk,Md.	21222
CATION	iMMEDIATE CAUSE (disease Dr condition resulting in death) Sequentially list con- if any, leading to imm cause. Enter UNDER! CAUSE (Disease or it	ditiona, nediata	a. CA. DUE TO DUE TO	NCE, OR AS A CO			17	WITH	M	ETS			Interval B Onset and
0	that initiated eventa resulting in death) L	Tel.	DUE TO	(OR AS A CO	INSEQUENCE OF):							
RTIF										T		24h WEE	
MEDICAL CERTIFI	PART II. Other aignifi 6N CHEMI	cant condition	a contributing to	death but	not resulting i	the und	erlying	cause given in	Part I.	24a. WAS AN PERFOR		CON DF I	LABLE PRIOR IPLETION OF COEATH?
SICIAN: MEDICAL CERTIFI	PART II. Other aignification of the part o	cant condition	HOSBITAL:			OTHER:	28. PL	ACE OF DEATH (C	heck only	PERFOR	RMED?	CON DF I	LABLE PRIOR IPLETION OF O DEATH?
PHYSICIAN: MEDICAL CERTIFI	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	cant condition	HOSPITAL: 1 Dispetient 2 28e. DATE OF (Month, D	ER/Outpetle INJURY ay, Year)	nt 3 DOA 28b. TIME	OTHER: 4 Nursin OF 2 IRY	28. Pt. ng Nome 8c. INJU WOI 1 Y	ACE OF DEATH (C	heck only	PERFOR	NO NO	AVAI CON DF 1	LABLE PRIOR IPLETION OF O DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFI	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Netural 5 [2 Accident	cant condition TO ELL	HOSBITAL: 1 Umpatient 2 2 280. DATE OF (Month, D) 280. PLACE O	ER/Outpetle INJURY ay, Year)	nt 3 🗆 DOA	OTHER: 4 Nursin OF 2 IRY	28. Pt. ng Nome 8c. INJU WOI 1 Y	ACE OF DEATH (Coop 5 (1) Residence	heck only 8 Otil 28d. D	PERFOR	NJURY OCC	AMAL COM DF I	LABLE PRIOR IPLETION OF COEATH? YES 2
D BY PHYSICIAN: MEDICAL CERTIFI	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Nomicide 29s. CERTIFIER (Check only)	Cant condition The End To Medical Pending Investigation Could not be determined	HOSBITAL: 1 Umpatient 2 2 280. DATE OF (Month, D) 280. PLACE O	ER/Outpetle INJURY ey, Year) FINJURY — stc. (Specify) my knowledg	nt 3 DOA 28b. TIME INJL At home, farm, st	OTHER: 4 Nursin OF 2	28. Pt ng Nome 8c. INJU WOI 1 Y y, otilce	ACE OF DEATH (C	heck only 8 Ont 28d. D	PERFORM To YES 2 The	NJURY OCC	URED URED	LABLE PRIOR IPPLETION OF (DEATH? YES 2 Number,



DIVISION OF VITAL RECORDS, P.O. BOX 68760, 8PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

The state of the s	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurrist-ransit namer 1 2 a should	ath with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	marked or liem 23 shows any injury or other traumatic event the modifical security or analysis of account	market, or the second of the second s
	NERAL DIRECTOR: After this certificate h.	Thin 72 hours after death with the State D	MT: if Item 28 is marked or item	

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

- 1	1. DECEDENT'S NAME (First,	Middle, Last)				ICATI	- 01	DEA	III		REG. NO.			
	JOSEPHINI		P			LITT	T TNI	GHAM		2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBI		5. SEX	6. AGE (In yrs. In						01		01	94	12:54 PMm
						IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH ay: Year)		6. BIRTHI Country	PLACE (Stete or Foreign
	302-22-408		1 □ M 2 🔀 F	77	YRS.						22	14	O	OIH
~	9a. FACILITY NAME (If not ins						TOWN C	OR LOCATIO	ON OF DE	ATH		9c. COL	INTY OF DE	ATH
O	NORTH ARI	JNDEL	HOSPITAL	ASSOCI.	ATION		GLE	EN BU	RNIE	,			Α.	A. COUNTY
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			The same									
E	MARYLAND		NNE ARU	TATES T	10c. CIT	Y, TOWN C		BUF	ים דוג					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	A	MNE ARC	ирет		<u> </u>	TEM	DUI	TATE					1 - YES 2 NO
A.		, C.	A MITON I	0.7.0			101	ZIP CODE	106	1		t0g. CIT		HAT COUNTRY?
BY FUNERAL	521 OAKWOO	טט אונ	ATION F	CAD				4	100	1			0.1	5.A.
5	11. MARITAL STATUS 1 Never Married 2 1	ALLEY A	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AL	RMED	13.	MAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, White, etc.
≥	3X Widowed 4 Divon				2 NO			n, etc.)		Specifi	<i>(</i> :			
													WI	HITE
COMPLETED	15. DECE (Specify only	ECEDENT'S	work done o	during mo	ON st of workin	g	16b. KII	ID OF BUS	INESS/IN	DUSTRY				
٦	Elementary/Secondary (0- 1.2	TEAC	,				Т.	CAT	COT	VERN	WE NUT			
Ž								A 17 L/1/41	ALEM I					
8	17. FATHER'S NAME (First, Mid							18. MOTH	ER'S NAI	AE (First, Midd	le, Malden	Surname)		
BE	JOSEPH E.							MAI	עונג.	A VO.	LIPK	A		
2	19a. INFORMANT'S NAME (19)			19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	oute Number,	City or Town	, State, Zij	o Code)	21061
	DOUGLAS N.				406	KING	G GI	EORG	E D	RIVE-	GLE	N BU	IRNTE	E MD
- 1	1 Buriel 2 Cremation	2 Cl Bame	wal from State	20b. PLACE	AND DATE	OF DISPOS	TION /Na	me of		DATE	20c LOC	CATION -	City or Tow	n State
	4 L. Donatton 5 L. Other):	Specify)	1	METR	ÖCR	EMA'I	ORY	, IN	C.	1/2	CAT	ONS	VILL	E,MD.
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENGER	1	-	22.1	NAME AN	O ADDRES	S OF FAC	ILITY				
	· // 0	un	d- No	mym	wy	RA	YMC)ND (C. H	INK	FUNE	RAL	HOM	E 21061
	23. PART I. Enter the dis	eases dr.c	omplications the	t parrand the de	nth Do	42	.0 (RAL	N HV	VY.S.	w.GI	EN	BUKN	IE,MD.
	SHOCK, OF HE	art renura. L	iat only one cau	se on each line).	ot enter	una mo	ue or dyn	ng, auch	as cardiac	or respir	atory sn	rest,	Approximate Intervel Between
- 6	iMMEDIATE CAUSE (Fine disease or condition		0 +	0/.	, ,			,						Onset and Death
- 1	resulting in death)	٠,	OUE TO	1/meta	-olve	re	2011	atos	y L	ailar	U			1
								0						
CERTIFICATION	Sequentielly list condition	ons,	sep s	OR AS A CONSE	Ollewon on									
F	If any, leeding to immedicause. Entar UNDERLYIN		502 10	(On AS A CONSE	DUENCE OF	·):								1
윤	CAUSE (Disease or Injury		OUF TO	(OR AS A CONSE	OLIENCE OF	٥.								
E	resulting in deeth) LAST			(OI) AG A CONSE	DOENCE OF	<i>).</i>								i
8														
	PART II. Other significan	t conditions	contributing to	deeth but not r	eaulting i	n the un	derlying	cause g	iven in f	Part I. 24	. WAS AN	WTOPSY	24b. V	VERE AUTOPSY FINDINGS
EDICAL	Lerebral										PERFORI		1	WAILABLE PRIOR TO COMPLETION OF CAUSE
	with azet	0 to	1	£	,	, ,	70,0		27/10	10	YES 2	XNO		OF DEATH?
2	W/. C 2201	unia	urem	100						_			1	YES 2 NO
A I	25. WAS CASE REFERRED TO	MEDICAL T												N/A
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHER	:			ck only one)				
¥	27. MANNER OF DEATH		1) inpatient 2 28a. DATE OF		-	7	_			Other (Sp				
	1 Natural 5 □ Pe	ending	(Month, De		28b. TIME		28c. INJU WOF	RK?		26d. DEŞCRII	BE HOW IN	JURY OC	CURED	
B	2 Accident Im	vestigation	28e PLACE OF	F INJURY — At ho			1 📙 Y							
		ould not be	building,	etc. (Specify)	me, term, a	treet, tecto	ry, offica			28t. LOCATIO City or To	N (Street er wn, State)	d Number	or Rural Ro	ute Number,
COMPLETED	29a, CERTIFIER													
린	(Check only	YING PHYSIC	IAN: To the best of	my knowledga, de	ath occurre	d at the tir	ne, date d	end place,	and due t	o the cause(a	and mann	er as stet	led.	
Š.	2 MEDIC	AL EXAMINER	: On the beels of ax	amination and/or i	nvestigation	n, In my op	inion, de	ath occure	d at the ti	ime, data and	pisca, and	due to th	e cause(s) a	and menner se stated.
								29c. LICE	NSE NUME	BER		29d. DAT	E DIONEO "	
ш	296. SIGNATURE AND TITLE O	F CERTIFIER												Annth, Day Year)
0	Lavid	Riko	992m	MID				D	355	2 44			I A	Month Day, Year)
TO BE	Lavid	Riko	OMPLETED CAUS	MD E OF DEATH (ITE	4 27) (Type.	Print)		D	352	3 44		10	1/01	1/1992
0	30. NAME AND ADDRESS OF	R.R.					#2				. МА	>0	1/01	1/1992
0	Lavid	ROGGEI	N, M.D. 7				, #2				E, MA	>0	1/01	1/1992
0	30. NAME AND ADDRESS OF F	ROGGEI	N, M.D. 79	95 AQUAH	HART		, #2				E, MA	>0	1/01	1/1992



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certifi	ding p	olhe
leath certifi	attending p	y, or othe
the death certifi	the attending p	Injury, or other
that the death certifi	od by the attending p	any Injury, or other
ires that the death certifi	signed by the attending p	ws any injury, or other
requires that the death certifi	neen signed by the attending p	shows any Injury, or other
iaw requires that the death certifi	has been signed by the attending p Dept. of Health and Mental Hygiens	23 shows any injury, or other
: The law requires that the death certifi	ate has been signed by the attending plate Dept. of Health and Mental Hygiens	tem 23 shows any Injury, or other
CIAN: The law requires that the death certifi	ertificate has been signed by the attending p the State Dept, of Health and Mental Hygien	or Item 23 shows any Injury, or other
HYSICIAN: The law requires that the death certifi	his certificate has been signed by the attending p with the State Dept. of Health and Mental Hygiene	ked, or Item 23 shows any Injury, or other
NG PHYSICIAN; The law requires that the death certifi	fter this certificate has been signed by the attending party with the State Dept. of Health and Mental Hygiens	marked, or Item 23 shows any Injury, or other
ENDING PHYSICIAN; The law requires that the death certifi	R: After this certificate has been signed by the attending p ier death with the State Dept. of Health and Mental Hygiens	is marked, or item 23 shows any injury, or other
ATTENDING PHYSICIAN: The law requires that the death certifi	ECTOR: After this certificate has been signed by the attending p is after death with the State Deot. of Health and Mental Hygiens	n 28 is marked, or Item 23 shows any Injury, or other
L DR ATTENDING PHYSICIAN; The law requires that the death certifi	DIRECTOR: After this certificate has been signed by the attending p. bours after death with the State Dept. of Health and Mental Hygient	Item 28 is marked, or Item 23 shows any Injury, or other
PITAL DR ATTENDING PHYSICIAN; The law requires that the death certifi	ERAL DIRECTOR: After this certificate has been signed by the attending p in 22 hours after death with the State Dept. of Health and Mental Hygien	T: If Item 28 is marked, or Item 23 shows any Injury, or other
HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certifi	FUNERAL DIRECTOR: After this certificate has been signed by the attending p within 72 hours after death with the State Deot. of Health and Mental Hygiens	ITANT: If Item 28 is marked, or Item 23 shows any Injury, or other
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an fined within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN	92	00010
	1. DECEDENT'S NAME (First, Middle, Last) M AD /	MADELYN	CAPLI	AINE	VE	2. DATE OF DEATH MONTH DA	4 67	ar 2:30 Am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YE. 1 M 2 F 88 YRS. MONTHS DAY			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar) 04-27-19	03 N	Country) EW Jersey
TOR	98. FACILITY NAME (If not institution, give structured Howard County (),	Colu	or Location of De	EATH	ec county Howa	of DEATH rd County
DIRECTOR	10a. STATE 10b. COUNTY	ard County		y, town on Loc Lumbia	ATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	7080 Cradleroc	k Way			or. ZIP CODE 2104	5		OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or I If yes, specify Cuben, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify:				RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elamentery/Secondary (0-12)		life. Do NOT us	work done during i se retired.)	nost of working	16b. KIND OF BUS		RY
ш	17. FATHER'S NAME (First, Middle, Last) Francis X.	Carlin			18. MOTHER'S NA Amy	ME (First, Middle, Maiden		Avoy
TO B	Mr. Jon Carlin	Aimone				Route Number, City or Tow New York,		York 10028
	20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation Runs 4 Dopartion Dispersion		of dispo	ne Cem	emetery, cremetory or etery 1	l-4-92Jer	cation - city sey C	ity, NJ
	21. SCHATURE OF PHERAL SERVICE LICE AGENTALLES	MSEE MI	M0053	22. NAME	AND ADDRESS OF FA	CILITY	Funer	al Home
	IMMEDIATE CAUSE (Final disease or condition multiling in death)	proplications that caused let only one cause on asc	ch line.			ch as cardiac or reap	iratory arrest	, Approximata interval Batween Onset end Daath
NOIL	Sequentially list conditions,	DIE TO (OR AS A	CONSEQUENCE O		,			-5 doje
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE		ione			zens
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO							
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C			
	1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TII	WE OF 28c.	NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
2 Accident Investigation Inves							Rural Route Number,	
COMPLETED	Correct only	CIAN: To the best of my knowled: On the basis of examination						ause(a) and menner as stated.
TO BE C	296. SHANATURE AND TITLE OF CERTIFIER	even	TH ATEL AN C	10/0	29c. LICENSE NU			IGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
MD. HOWARD LOUNTY GEN) 31. DATE FILED (Month, Day, Year)
JAN U 3 1992 LOUNTY 32. REGISTRAR'S SIGNATURE

Countin

GENERAL

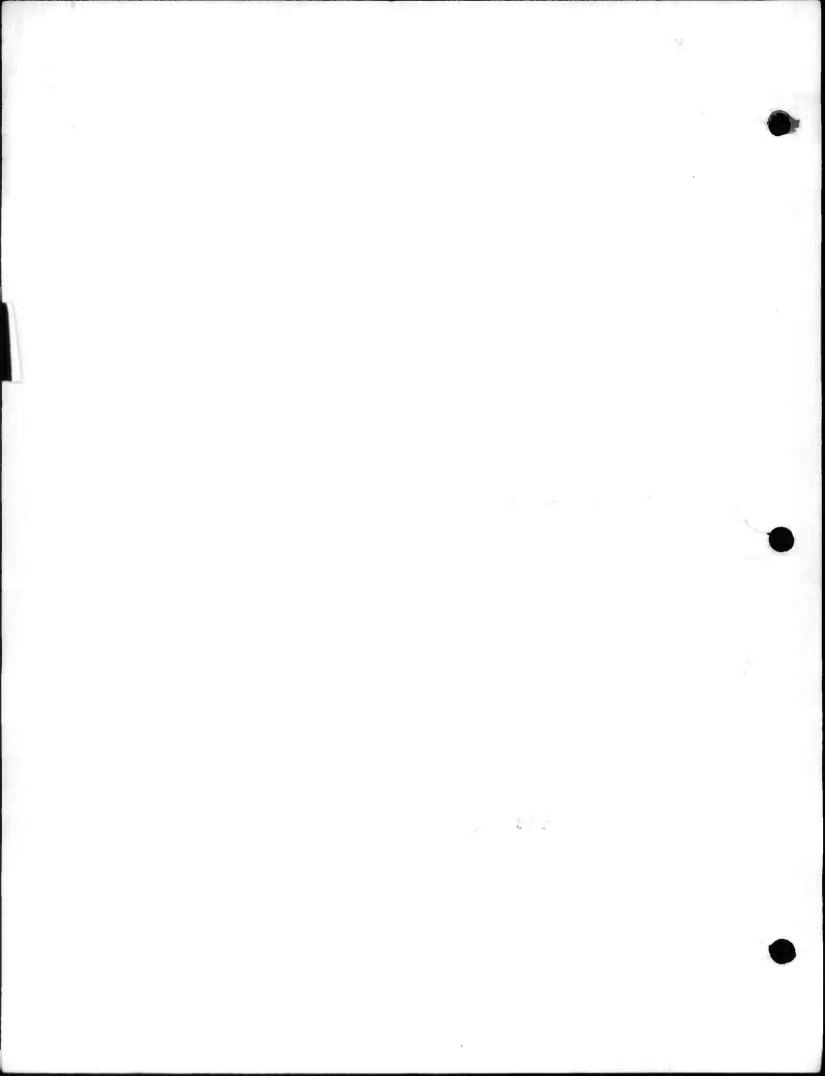
Aus Pinac



BALTIMORE, MARYLAND 21203-3146

other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a TO THE FUNERAL DIRECTOR. After this certificate has been times of the amount of physician and completely be filed within 72 hours after death with the State Dept. of Health amount of the physician prior to burial, crematic with the MPORTANT: If I tem 28 is marked, or Item 23 shows any into the contract traumatic event, the contract of the physician of the ph DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIENI REG. NO.	1 2	00011	
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH		3. TIME OF DEATH	
	GENEVA T.	ADAMSON				1-1-1992	Y YEAR	4:00 P. M	
				INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIFT	INPLACE (State or Foreign	
	216-18-7096 19 Sa. FACILITY NAME (If not institution, give stree	M 2 XF 67	YRS. MON		HOURS MIN.	1-17-1924	9c, COUNTY OF	laryland	
DIRECTOR	5620 Laurelton Ave			Baltimo					
EC	10e, STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY	
HO	Maryland		Balt	imore				LIMITS?	
AL	10e. STREET AND NUMBER		1 541		ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	5620 Laurelton Ave			2	1214		U.S.A.		
5	11, MARITAL STATUS 1	2. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMED	13. WAS DECI	NDENT OF NISPAN	IC ORIGIN? (Specify Yee , Puerto Rican, etc.)	or No- 14. RA	CE — American Indien, ick, White, etc.	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TES			Spe	ictfv:	
	15. DECEDENT'S EDUCAT	TION I 1	6a. DECEDENT'S USU	AL OCCUPATIO	N	16b. KIND OF BUS		ite	
	(Specify only highest grade co	mpleted)	(Give kind of work of the Do NOT use reti	done during mos		IBB. KIND OF BOS	INESS/INDOSTRY		
P	12 Yrs.	College (1-4 or 5+)	Claims A	diusta	r	Insura	ance		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		Oldling /	10,1000		ME (First, Middle, Maiden			
BE C	James H. Adamso	n			Geneva	C. Dorma	an .		
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street as		oute Number, City or Town			
임	Ruth D. Adamson		5620 La	urelto	n Ave	Balto. Mo	1. 21214		
	20a, METHOD OF DISPOSITION 1 (X) Burlal 2 Cremation 3 Remove	20b. P	PLACE OF DISPOSITIO	N (Name of cen	etery, crematory or	20c. LO	CATION City or	Town, State	
	4 Donation 5 Other (Specify)	Lo	orraine Pa				to. Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AN	D ADDRESS OF FAC	YTUK			
	Roy H. Cather	her		Leonard	J. Ruck, I	nc.,5305 Har	ford Rd., E	Balto.,Md.21214	
	23. PART i. Enter the diseeses, or corehock, or heert failure. Lie	inplications that caused to	he deeth. Do not e	enter the mo	de of dying, such	es cardiec or respi	ratory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final				1.7	the said		Opent and Dooth	
	diseeee or condition resulting in deeth)	Admorare		1/he	Musus	with Mr	polar	6	
		DUE TO (OR AS A C	ONSEQUENCE OF						
8	Sequentielly list conditions,								
A	If any, leading to immediate cause. Enter UNDERLYING								
윤	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):	<u> </u>					
E	resulting in death) LAST								
AL CERTIFICATION	DART II Other significant and distant			of the death for	and the other to	Book I I are surely			
	PART II. Other significent conditions	contributing to deeth but	not resulting in tr	ie underlying	i ceuse given in	Part I. 24e, WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE	
ğ	Desterson					1 🗌 YES 2	□ NO	OF DEATH?	
×						_		1 NES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE DF DEATH (Che	ack anty and			
잃	EXAMINER?	HOSPITAL:		HER:		e Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	20b. TIME OF	26c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED		
ВУ Р	Netural 5 Pending	(Month, Day, Year)	INJURY		RK? /ES 2 NO				
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, etc. (Specify	- At home, farm, stree	t, fectory, offic	1	281. LOCATION (Street a City or Town, State)		al Route Number,	
COMPLETED	4 Nomicide determined					ord or rown, orang			
2	29e. CERTIFIER 1 CERTIFYING PNYSICI	AN: To the best of my knowled	dge, death occurred at	the time, date	end place, end dua	to the cause(a) and mai	nner as stated.		
MO	onel	On the basis of exemination	and/or investigation, in	my opinion, d	eath occured at the	time, date end place, er	d due to the ceus	e(e) end manner as stated.	
	29b. SIGNATURE AND THE OF CERTIFIER	11/			29c. LICENSE NUM	ABER	29d. DATE SIGN	ED (Month, Day, Year)	
) BE	121 32	7/2			D1858	9	> 1/2,	152	
우	30. NAME AND ADDRESS OF PERSON WHO			<i>'</i>			/ /		
	Charles B. Hatto			al Cen	ter				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT							
	JAN 0 3 1992 Ju	Ma Davidson Ran	delle						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

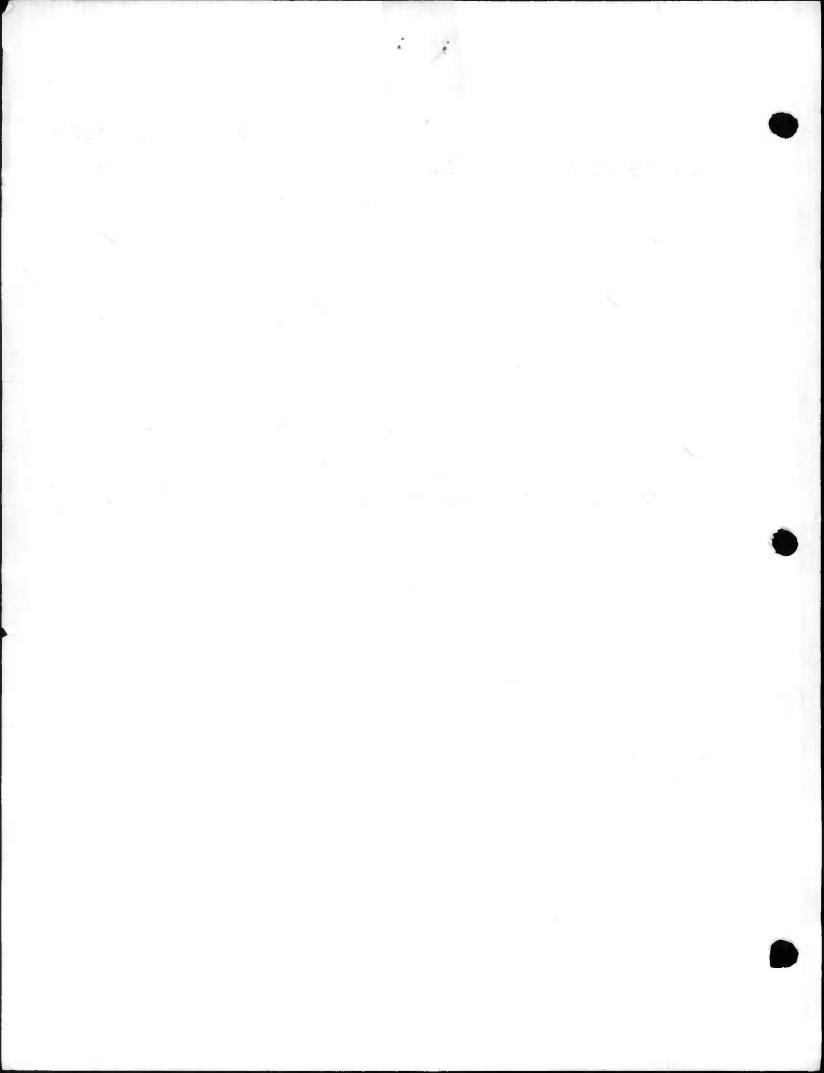
	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		IENTAL HYGIE REG. N		- 0	00112
	1. DECEDENT'S NAME (First, Middle, LI	E APPL	EBY			2. DATE OF DEATH	81 9	AR 3. TH	20 Pm
	4. SOCIAL SECURITY NUMBER 217059107	5. SEX 8. AGE						BIRTHPLACE Country) Md	E (State or Foreign
TOR	98. FACILITY NAME (If not institution, g			Bal-	or location of de		Bal	OF DEATH	city
DIRECTOR	10a. STATE 10b. COM			y, TOWN OR LOC Baltimor					INSIDE CITY LIMITS? YES 2 \(\square\) NO
FUNERAL	10m. STREET AND NUMBER 2914 E. Balti	more St.		10	1. ZIP CODE 21224		10g. CITIZEN	S.A	COUNTRY?
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Tyes IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexican 8 2 NO Specify:	, Puerto Rican, etc.)		Specify: Cauc	
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+) Unk.	1	usual occupativork done during me retired.)	ost of working	200	Business/INDUS		
BE COM	17. FATHER'S NAME (First, Middle, Last, Wesley Applet				18. MOTHER'S NAM	ME (First, Middle, Main	<u> </u>		
TO B	Mary Appleby		2914 1	E. Balti	and Number or Rural R More St.	Baltimo	ore, Md.	2122	
	20a METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 1 4 Donation 6 Other (Specify)	Removal from State	ulaney Va	alley Ce	em.	Ва	location — chy altimore		
	21. SIGNATURE OF FUNERAL SERVIC	Licensee De livere	lust.		abrowski &	28	318 E. B altimore		
TION								Approximate interval Between Onset and Death	
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS a	AS A CONSEQUENCE OF):						
BY PHYSICIAN: MEDICAL C		conditions contributing to death but not resulting in the underlying cause given in				PER	SAN AUTOPSY FORMED? S 2 - NO	COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\sum \) NO
SIC	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 ☐ YES 2 NO	HOSPITAL:	method 2 0 504	OTHER:	PLACE OF DEATH (Ch				
3Y PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	NE OF 28c. If	me 5 Residence JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUP	RED	
	3 Suicide 6 Could no 4 Homicide detarmine			street, factory, off	ice	261. LOCATION (Str City or Town, S	eet and Number or tate)	Rural Route i	Number,
COMPLETED	one)	HYSICIAN: To the best of my know							menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERT	vie MD	MROSC	1	29c. LICENSE NUA	IBER	29d. DATE S	IGNED (Mon	th, Day, Year)
	30. NAME AND ADDRESS OF PERSON WENDY A 31. DATE FILED (Month, Day, Year)	NOORE, MI	DLR	VAMC	_			<u>-</u>	
	JAN 0 3 1992	22. REGISTBAR'S SIG	-Andell						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law counter that he death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been been to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL REPORTS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burial within 72 state begin. When the state of the page 10 or returned in creations. The page 10 or the page 11, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	dinearcal examiner must be notined at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be field within 72 hours after detail with the State Dept. Of Health and Mental Hygher prior to burial, cremation, or removal. WADRITARY IN Item 28 is marked or Item 33 shows any failure or other transmitteness.	mit detailer. It them he is mained, or them he envise any rightly or other additions order, me

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / CE	DEPAR RTIF	TMEN	IT OF H	IEALTH DEAT	AND	MENTAL HYGI	ENE	72	00013
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	1		3. TIME OF DEATH
	MILD		FRAN	ICES		BU	SH		MONTH	2	YEAR 92	606 A.
			AGE (In yrs. last		IF UND	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yea	d	8. BIRTNE Country	PLACE (State or Foreign
	212 10 0013	1 M 2 F	80	YRS.			-5116ta		01-2	7-11	MARY	
œ	9e. FACILITY NAME (If not institution, give stre			9b. CIT	ry, TOWN C	R LOCATIO	ON OF DE	EATH	9c. CO	UNTY OF DE	ATN	
5	UNIVERSITY HOSPITA	AL			BA	LTIM	ORE (CITY		N/A	·	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY	, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	MARYLAND ANNE		GI	EN	BURN	ΙE					LIMITS?	
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?
Ä	287 MACKINTOSH DR					21061			U.	S.A.		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YER IN U.S. ARM	(ED	13	WAS DEC	ENDENT O	F NISPAI	NIC ORIGIN? (Specify in, Puerto Rican, atc.	Yes or No-	14. RACE	- American Indian, White, atc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR				1 TYES	2 (X NO	Specif	n, Puerto Mcan, atc. /:	,	Specify	<i>'</i> :
ED	15. DECEDENT'S EDUCA	16a DEC	EDENTIC	I I I I I	OCCUPATIO	NA.				<u> </u>	WHITE	
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Giv	e kind of w Do NOT us	rork done	during mo	st of working	g	16b. KIND OF	BUSINESS/II	NDUSTRY	
PL	7	NONE	HOM	IE MA	KER				OWN I	OME		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1101112	1101	-11	T L L L		18. MOTN	ER'S NA	ME (First, Middle, Mai		-	
BE C	JOHN SCHWARTZ								NE TUCKE			
					ADDRES	SS (Street a				_	Zip Code)	
5	19e. ** STORMANT'S NAME (Type/Print) 19b. **MAILING ADDRESS** (Street end Number or Rural Route Number, City or Town, State, Zip Code) 287 MACKINTOSH DR. GLEN BURNIE, MD 2106								61			
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remov	at from State	20b. PLACE A	ND DATE O	FDISPO	SITION (Na	me of		DATE 20c.	LOCATION -	- City or Tow	n, State
-	BALTIMORE NATIONAL CEMETERY 1-6+92 BALTIMORE, MD											
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BURNIE, MD 21061											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of duling such as complications are complications.								Approximate			
	ahock, or heart failure. List only one cause on each line.							intarval Between				
	disesse or condition resulting in death)	(= U.A	INDIA	MAN'S	Ale	1 4	1170	1	evor			Onset and Deet
	DUE TO (OR AS A CONSEQUENCE OF).							i				
Z	-(a) Subarachnood Hemorrhage								5 days			
E	Sequentially llat conditions, if any, leading to immadiate Due to (OR AS A CONSEQUENCE OF):							1				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet injurised events DUE TO (OR AS A CONSEQUENCE OP):											V
Ē	thet initiated evente resulting in deeth) LAST	DUE TO (OH)	AS A CONSEQU	JENCE OF	M:							
8												
AL	PART II. Other significant conditions	contributing to daa	th but not re	sulting in	n the U	nderlying	csuae g	iven in		AN AUTOPSY		VERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										FORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
ME												OF DEATH?
ä									_		ĺ	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:					ACE OF DE	ATN (Che	ick only one)			
YSI	1 YES 2 NO	Inpatient 2 - ER/	Outpatient 3		OTHE 4 Nu		5 🗆 Res	idence	6 Other (Specify)			
표	27. MANNER OF DEATH 1. Netural 5 Pending	26e. DATE OF INJU (Month, Day, Ye		26b. TIME INJU		28c. INJU			26d. DESCRIBE NO	W INJURY O	CCURED	
B	2 Accident Investigation	20 20 20 20 20			М	1 🗆 Y	_	NO				
B	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJ building, atc. (JURY — At hom (Specify)	e, tarm, at	reet, tec	tory, office			26f. LOCATION (Stree City or Town, St.	et and Numbe	er or Aural Ro	ute Number,
E	200 CENTIFIED											
COMPLETED	(Check only CENTIFYING PHYSICIA	N: To the best of my k	nowledge, deat	h occurred	at the	time, date	end place,	end due	to the cause(s) end	menner es ati	nted.	
8	2 MEDICAL EXAMINER:	On the basis of examir	nation end/or im	restigation	, In my	opinion, de	ath occure	d at the	time, date end place,	end due to t	the ceuse(s) (and menner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	N	PT 1	1			29c. LICEN	ISE NUM	BER	29d. DA	TE/SIGNED (Month, Day, Year)
٥	letoury a	10 -	1210	my	щ					> (12/92	

Beltimore

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3 1992

att to the party

TIMORE, MARYLAND 21215-0020	h. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
BALTIMO	ter death. Page 6	the funeral directo
	CE	5

DIVISION OF VITAL RECORDS, P.O. BOX 68760, on the Armanina Physician. The law requires that the death certificate be executed written.

DALLIMONE, MANIEMED SIGNATURE SIGNAT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 6 may be retained by the hospital or attending to
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the last within 72 hours after death with the State harm of Marial Knight noor in binal committee or removed.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MADVIAND / DEPARTMENT OF HEALTH AND A			00014					
	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND INCREMENTATION OF DEATH	WENTAL HYGIEN REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last) Lown Burgess	2. DATE OF DEATH DA		3. TIME OF DEATH 3 · 20 a. M					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 8. AGE (In yrs. lest birthday) F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAY'S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Z-2802		PLACE (State or Foreign					
OR	Bon Secour Hospital Baltimore		Baltiv						
DIRECTOR	10e. STATE 10b. COUNTY 16c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?					
FUNERAL D	100. STREET AND NUMBER 2414 W. Lanvale St 21216		10g. CITIZEN OF V	1 ☑ YES 2 ☐ NO VHAT COUNTRY?					
UNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yea	or No — 14. BACE	- American Indian,					
ВУ	1 Never Married 2 Married 1 Never Married 2 Married 1 YES 2 NO If yes, specify Cuben, Mexicar 1 YES 2 NO Specify YES 2 NO Specify	n, Puarto Rican, etc.)	Blaci Speci	, White, etc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUS	INESS/INDUSTRY						
BE COM	Thomas Taylor Sally	ME (First, Middle, Maiden:	Surname)						
10	199, INFORMANT'S NAME (TyperPrint) / 196. MAILING ADDRESS (Street and Number or Rural Fill Comments of	St Bu	1.1	2/2/6					
	20a. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify)	DATE 200, LOC	CATION — City or To	wn, State					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACE ACCORD ACCOR	West	back	Messign					
	23. PART i. Enter the disaeses, or complications that caused the death. Do not enter the mode of dying, such ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel	n aa cardiac or respin	ratory errest,	Approximate interval Between Onset end Deeth					
	disease or condition resulting in death) a. Over whelming Seps is Due to (or as a consequence of):								
TION	Sequentielly liet conditions, If any, leading to immediate Diabetes Mellitus. Due to (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury the initiated events Due to (or as a consequence of):								
CERT	resulting In death) LAST d. Myocardial Injurction								
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in I	Part I. 24a. WAS AN PERFORI	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
N: M				1 TYES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ONO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence (
ву РНУ	27. MANNER OF DEATH 1	JURY OCCURED							
ETED 8	3 Suicide 8 Could not ba determined 28e. PLACE OF INJURY — At home, term, streat, tectory, office building, atc. (Specify)	28f. LOCATION (Street et City or Town, State)	nd Number or Rural R	oute Number,					
COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the design of t	to the ceuse(a) and mani	ner se stated.						
w II	29b. SIGNATURE AND TITLE OF SERTIFIER 29c. LICENSE NUM		I due to the ceuse(a)						
70 B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		> 010	192					

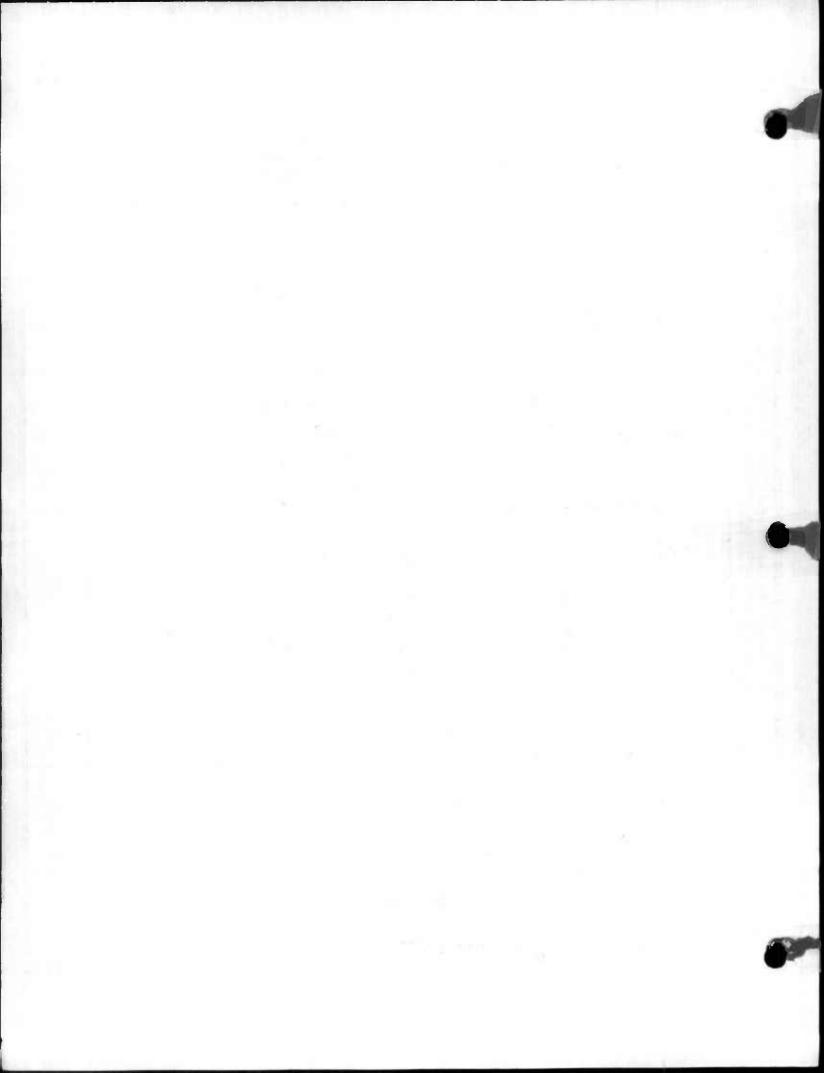
22 S. G. VELLO 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

Greene

121201

Street Baltimore Marylan



I must the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The amending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should man Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN, TO THE FUNERAL DIRECTOR: After this certification filed within 72 hours after death with the State.

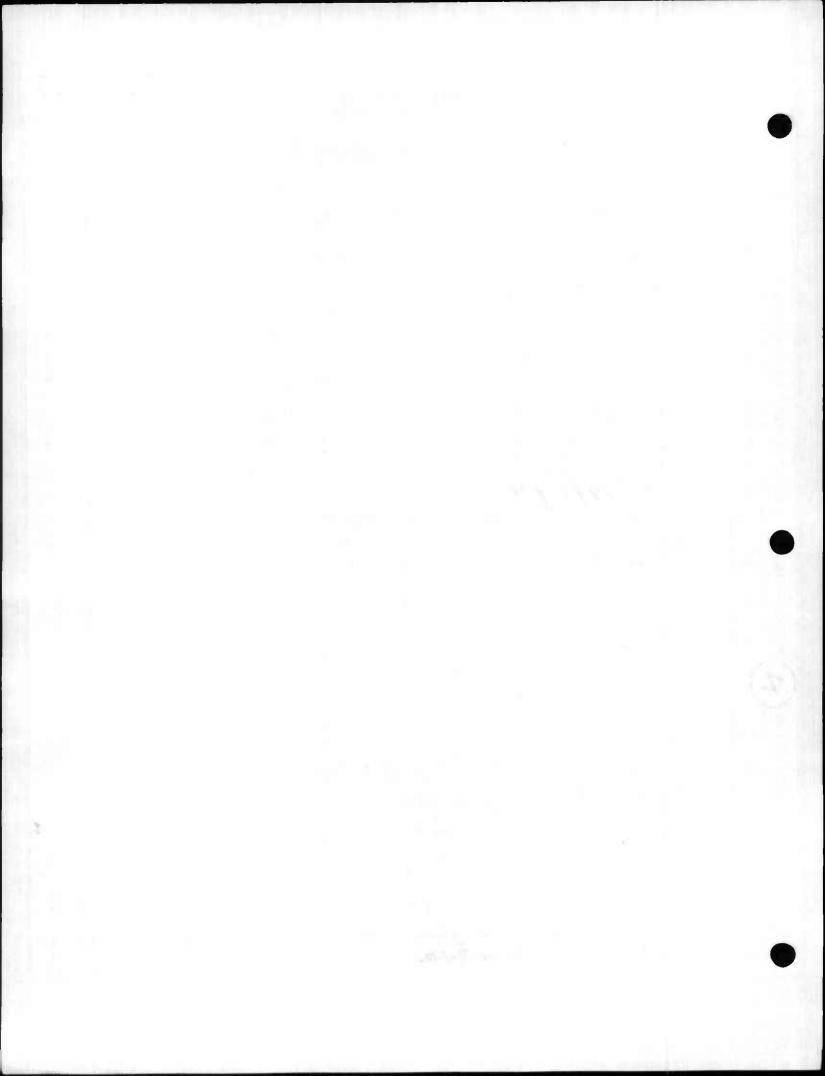
REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0.				
1. DECEDENT'S NAME (First, Middle, Last))	EVA M.	DDANDT	2. DATE OF DEATH MONTH		3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	5, SEX 6, AG	E (In yrs. last birthday)		JANUARY 2					
212-48-8067	1 M 2 KX	92 YRS.	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI	78.4		BIRTHPLACE (State or Foreign Country) MARYLAND			
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION O			OF DEATH			
BALTIMORE COUNTY GENERAL HOSPITAL RANDALLSTOWN						IMORE			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY	40- 077	, TOWN OR LOCATION						
	LTIMORE	100. 011	BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 X X NO			
100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
100. STREET AND NUMBER 6811 CAMPFIELD RO	OAD		21207		U.	S.A.			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XXO		SPANIC ORIGIN? (Specify vixican, Puerto Rican, atc.)	fea or No- 14	. RACE — American Indien, Black, Whita, atc. Specify: WHITE			
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	JSUAL OCCUPATION	16b. KIND OF B	USINESS/INOUS				
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during most of working retired.)						
8		HOMEMAK:	ER	OWN	HOME				
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maide	n Sumame)				
THOMAS C. RICHARI	DSON			E. BECK					
19a. INFORMANT'S NAME (Type/Print)	27 31 22		ADDRESS (Street and Number or Ri	ural Route Number, City or To	own, State, Zip Co	de)			
ELIZABETH C. LUCA	AS (DAUGHTER) 160	CHERRYDELL ROA	D, BALTIMORE	, MARYI	LAND 21228			
20a, METHOD OF DISPOSITION VARBurlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b, PLACE AND DATE OF DISPOSITION (Name of Company of Town, State COUDION PARK PARK PARK PARK PARK PARK PARK PARK									
21. SIGNATURE OF FUNERAL SERVICE L	22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOME; 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 212. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
resulting in death) DUE TO (OR AS CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	d								
PART II. Other eignificant condition	tion	but not resulting in	the underlying ceuse given	In Part I. 24s. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
Hyperte	MSIGN					1 TYES 2 NO			
25. WAS CASE REFERRED TO MEDICAL									
EXAMINER?	HOSPITAL:		26. PLACE OF DEATH OTHER: 4 □ Nursing Home 5 □ Residen						
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME	OF 26c. INJURY AT	26d. DESCRIBE HOW	INJURY OCCUR	ED			
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year,	INJU	M 1 YES 2 NO						
2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Rural Route Number,			
			at the time, date and place, and in my opinion, death occured at			hune(a) and manner as etale.			
29b. SIGNATURE AND TITLE OF CERTIFIE		1.7-0.1							
Plulout	mil		29c, LICENSE D38		29d. OATE SI	GNEO (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WE	COMPLETED CAUSE OF C	celtimere	Courte	General	Horiza	bital			
JAN 3 1992	Julia Davidson-	MATURE MATURE		CE & CC	(53)	-			

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DIVISION OF VITAL RECORDS P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Line mounts are continued in the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL CIRECTOR: After this certificate has been account of the property of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Deen or remain and Mental Humine prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Is require the time of the	TO THE FUNERAL DIRECTOR: After this certificate has been approached attending physician and completely filled in by the fight within the State Deut of Health with the State Deut of Health with the State Deut of Health with the State Deut of Health and Mental Health entropy to burial. Cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF H	EALTH AND M	ENTAL HYGIEN		2 00016	
	1. DECEDENT'S NAME (First, Middle, Lest) FRANCES A.	BELLISTRI				2. DATE OF OEATH		ZEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-74-4930 9a. FACILITY NAME (If not Institution, give st	5. SEX 8. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 27, 18	899 M	BIRTHPLACE (State or Foreign Country) Jaryland	
DIRECTOR	Manor Care Rossville					тн		Y OF DEATH	
	Maryland Baltimo	Total of I, Town on Econion						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	8803 Richmond Ave.	AND DECEMENT EVEN I			21234		U.S.A		
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECI	ENDENT OF HISPANIC ecity Cuban, Mexican, 2 NO Specify:	C ORIGIN? (Specify Ye Puarto Rican, atc.)		S. RACE — American Indian, Black, Whita, atc. Specify: hite	
COMPLETED	15. DECEOENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. OECEDENT'S U (Give kind of wo life. Do NOT use HOMEMAKEY	ork done during mos	ION 165 KIND OF BUSINESS/INDUSTRY				
	17. FATHER'S NAME (First, Middle, Last)		TRAINING		18. MOTHER'S NAME	E (First, Middle, Maiden			
BE	JOSEDH 19a. INFORMANT'S NAME (Type/Print)	Schott	19h MAILING	A CADESS /Street a	Antoinet		21	Bublik	
5	Mr. Vincent Bellistri	Jr.			e., Baltimor			ode)	
	20a. METHOD OF OISPOSITION 1 Surlet 2 Cremetion 3 4 Donation 5 Other (Specify)	from State cem	PLACEAND DATE OF DETERMINE OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OF OTHER PROPERTY OF OTHER PROPERTY OTHER PROPERTY OF OTHER PROPERTY OF OTHER PROPERTY	FOISPOSITION (Nat		OATE 20c. LC	CATION — City	y or Town, Stata Maryland	
	21. SIGNATURE OF FUNERAL SERVICE UP	HI WI			D ADDRESS OF FACIL J. Ruck, I proord Rd. B	LITY			
	23. PART i. Entar the diseases, or c shock, or heert feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. S C	them	ot enter the mod	de of dying, such	as cardiec or resp	Iratory arrest	Approximate interval Between Onset end Death	
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Diseese or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	:					
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in				cause given in Pa	24s. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO	
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL/	ACE OF DEATH (Check	k only one)			
YSIC	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	etlent 3 DOA		5 - Residence 8	Other (Specify)			
ВУ РН	27. MANNER OF DEATH Natural 5 Pending 2 Accident trivestigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	M 1 Y	RK? ES 2 NO	8d. DEŞCRIBE HOW I	NJURY OCCUR	EO	
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Speci	— Al home, term, atr	eet, factory, office	2	Bt. LOCATION (Street of City or Town, State)	and Number or F	Rural Route Number,	
COMPLETED	One) 2 MEDICAL EXAMINER		adge, death occurred a end/or investigation,	at the time, data a	and place, and due to eath occured at the tim	the cause(a) and mar ne, data and place, an	nner as stated.	ause(a) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	INRO			29c. LICENSE NUMBE	ER 3	29d. DATE SI	GNED (Month, Day, Year) Z 192	
	Howard H. Bond, M.D.	, 9618 Belair	Road, Bal		aryland 212	36			
	JAN 0 3 1992	1 32. REGISTRAR'S SIGNA							



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TERANCE L. LAMB MD

July Devidson-Render

TERANCE 31. DATE FILED (MONTH, Day, Year) JAN 3 1992

been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should of Health and Mental Hygiene prior to burial, cremation, or removal. requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

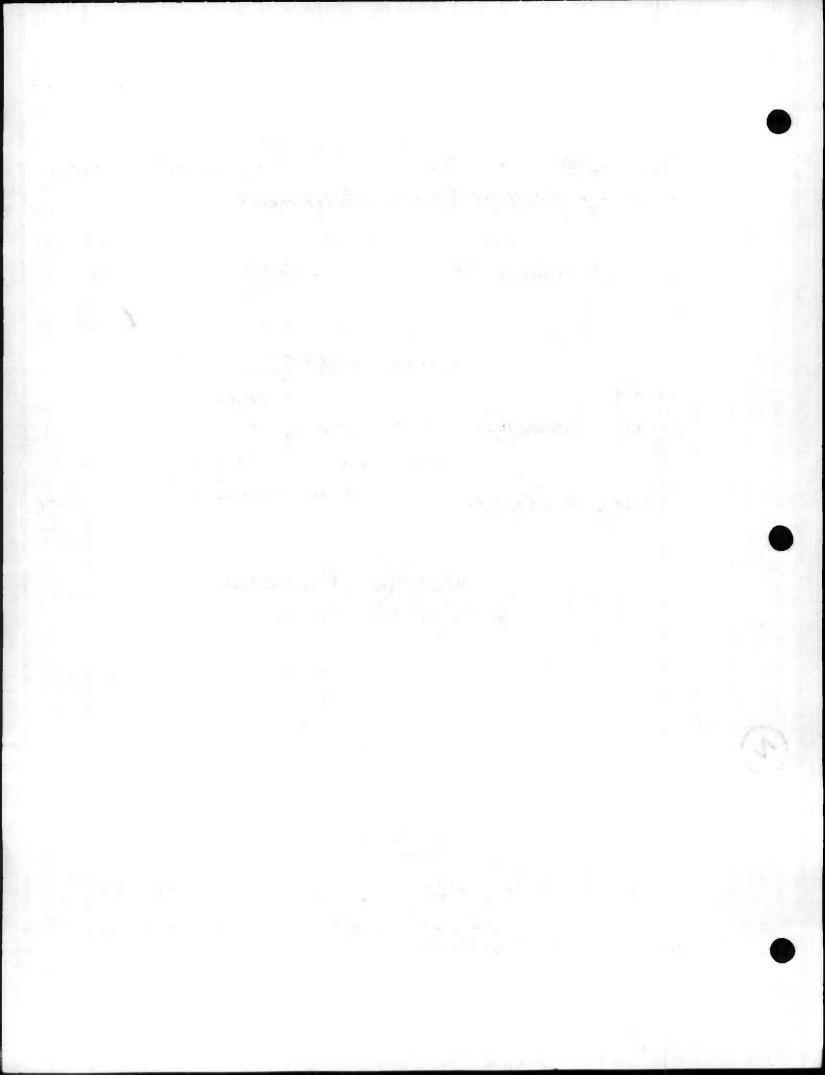
RECORDS, P.O. BOX 68760,

DIVISION OF TO THE HISPITAL OR ATTENDING PHYSIST TO THE FUNERAL DIRECTOR After this be filled within 72 hourst after death within 1990 MINESTANT. If them 28 is manufact

	3-2-92;	dr				0	2 00017			
_	FOR 1 - STATE REGISTRAR		DEPARTMEN ERTIFICAT	IT OF HEALTH AND	MENTAL HYGIEN	NE	2 00017			
	1. DECEDENT'S NAME (First, Middle, Last)	Barber			2. DATE OF DEATH	MY YE	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219-01-3951	5. SEX 6. AGE (In yrs. les	yrs. Wonths	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.8	Country)			
TOR	Sa. FACILITY NAME (If not institution, give to	Pracal Gen	BAHIM							
DIRECTOR	10a. STATE 10b. COUNT	Y	OR LOCATION	10d. INSIDE CITY LIMITS						
FUNERAL	10e. STREET AND NUMBER	(4. 8 St.	10f. ZIP CODE	16	10g. CITIZEN	1 ♣YES 2 □ NO				
	11. MARITAL STATUS 1 Nover Merried 2 Merried	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 VES 2	RMED 13	B. WAS DECENDENT OF HISPA II yes, specify Cuben, Mexic 1 YES 2 NO Spec	e or No— 14.	14. RACE — American Indian, Black, White, etc.				
FED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade	ICATION 18e. DE completed) (6	OCCUPATION	16b. KIND OF BU	ISINESS/INDUST	White				
COMPLETED	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NG* use retired.] [Give kind of working life. Do NG* use retired.] [Give kind of working life. Do NG* use retired.]									
BE CO		lliam Gover	18. MOTHER'S N	AME (First, Middle, Maider	.,	almerer				
101	190. INFORMANT'S NAME (Type Foft) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City of Town, Signa, Zip Code) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City of Town, Signa, Zip Code) 180. MAILING ADDRESS (Street and Number or Rural Route Number, City of Town, Signa, Zip Code)									
	20e. METHOD OF DISPOSITION 1 Buffel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Cedar Hill Memorial Park Other (Specify) Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE		NAME AND ADDRESS OF F	Anklin So	ou F	Chene Serie			
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, wheer failure. List only one cause on each line. Approximate intervei									
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	- ANOXIC	ENCE	E Phalopath						
NO	Sequentially list conditions,	b. DUE TO (OR AS A CONSECUTION OF AS A CONSECU								
RTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated expets	c. LESPIRATORY Facture Due to (or as a consequence or):								
CERTI	resulting in death) LAST									
MEDICAL	PART II. Other significant condition	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE								
	1 YES 2 NO OF DEATH? 1 YES 2 NO									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 N	26. PLACE OF DEATH (CI	111					
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Natural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b. TiME			8 U Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, streel, fac	1 YES 2 NO	28I. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my knowledge, det R: On the bests of examination end/or i	ath occurred at the	time, date end place, end dur opinion, death occured at the	to the ceuse(e) end me	nner ee stated.	use(e) and manner of the d			
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIES	29d. DATE SIG	NED (Month, Day, Year)							
2	20 NAME AND ADDRESS OF DEDROOM WAS	COMPLETED CAUSE OF DEATH STEE		D372		-1-1	-92			

Balt me

MEDICAL CENTER



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law and death certificate he executed within 2

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physician.	hurial-transit narmit Dage 1 2 2 should	בייים ממוכנו לכיוותי ו מלכם ו, ב, כ סווסמום	
 Page b may be retained by the hospital or attending 	aral director, page 5 should be detached for use as the		niner must be notified at once.
edili certificate de executed within 24 hours after death	the attending physician and completely filled in by the fune	d Mental Hygiene prior to bunal, cremation, or removal,	injury, or other traumatic event, the medical examin
TO THE HOOFING ON ALIENDING PHIORISM. THE ISM IN THE ISM	TO THE FUNERAL OIRECTOR: After this certificate has been seen and the second se	be filed within 72 hours after death with the State Dept. of Health an	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or oth

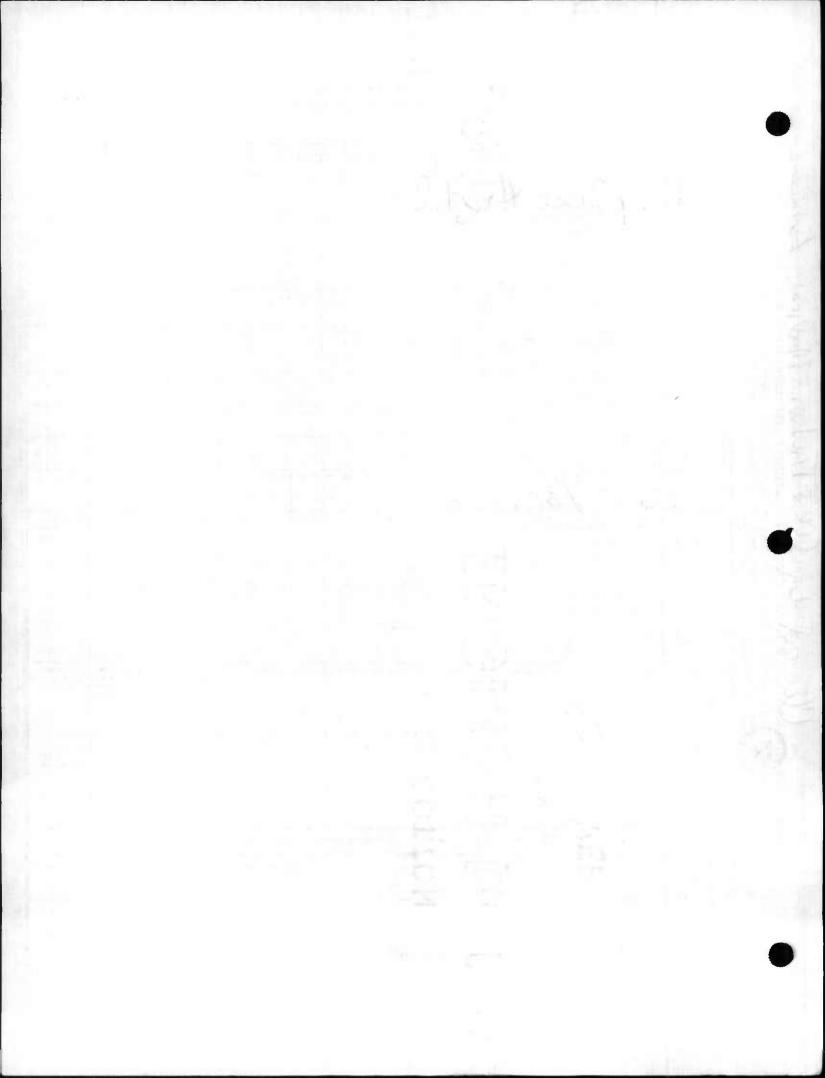
BALTIMORE, MARYLAND 21215-0020

										0		00010	
	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAR	TMENT OF I	HEALTH A	ND MEI		GIENE G. NO.	7	4	00018	
	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DE	ATH		T	3. TIME OF DEATH	
	WILLIE			CURE	TON		3	MONTH	DAY 0 1	9	YEAR 2	9:48 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24		DATE OF BIR				LACE (State or Foreign	
	217-22-5961	1 □ M 2 🔀 F		4 YRS.	MONTHS DAYS	HOURS	MIN. 1	Month, Day. 1-25-	Year)		Country)	LAUC (State or Foreign	
E C	9a. FACILITY NAME (If not institution, give s BON SECOUR HOS		BALTI		R LOCATION OF DEATH 1 O R E								
5		RESIDENCE OF DECEDENT											
DIRECTOR	100. STATE 10b. COUNTY	Da.				timore Limits?						IOd. INSIDE CITY LIMITS? I XX YES 2 NO	
FUNERAL	10a. STREET AND NUMBER					f. ZIP CODE			1	0g. CITIZE		AT COUNTRY?	
H	1823 Riggs Ave	enue			21217					U.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDEN			RMED 13, WAS DECENDENT OF HISPANIC ORIGIN?								
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	If yes, specify Cuban, Mexican, Puerto Rican, atc				y Yes er No- 14. RACE — American Indian, Black, Whita, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC (Specify anly highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed)			USUAL OCCUPATI vork done during me e retired.)	one during most of working							
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAME (irst, Middle, i	Maiden Sur	name)			
BE C	Willie Lawrence	e					Baı						
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Street				or Town, S	State 7in Co	orin)		
2	Bishop Cureton			1823	Riggs	Avenu	ie, l	Balto).,	MD	212	17	
	1 Buriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	1 Buriel 2 Cremation 3 Removal from State						7 E	Balt	O. C	or Town	MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH L. RUSS Funeral Home, 2222 West North Avenue, Balto., MD 212									2222-26 D 21216			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Due to (or as a consequence of):												
Ę	Comment of the second state of	DUE TO				OVASO	CULAI	R DIS	SEAS	E			
u II	that initiated events reaulting in death) LAST	bDUE TO		EQUENCE OF):	OVASC	CULAI	R DIS	SEAS	E			
L CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	EQUENCE OF):						I aga w		
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	EQUENCE OF):			í. 24a. W	AS AN AUTERFORME	TOPSY	A	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO	
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	EQUENCE OF):			í. 24a. W	IAS AN AUT	TOPSY 0?	A)		
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	EQUENCE OF):			f. 24a. W	MAS AN AUT ERFORME YES 2 X	ropsy 0? NO	CO	WARLABLE PRIOR TO OMPLETION OF CAUSE	
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSE	EQUENCE OF):			f. 24a. W	AS AN AUT	ropsy 0? NO	CO	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO OUE TO	(OR AS A CONSE	EQUENCE OF	n tha underlying		en in Part	i. 24e. W	MAS AN AUT ERFORME YES 2 X	ropsy 0? NO	CO	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
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MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 NO 27. MANNER OF DEATH	DUE TO OUE TO OU	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	EQUENCE OF EQUENCE OF rasulting in	26. PL OTHER: 4 \(\text{Nursing Hom} \)	g cause give	en in Part H (Check or	i. 24a. W P 1	MAS AN AUTERFORME YES 2 UIR (V)	ropsy o? no	All Ci	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
THISICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO OUE TO OU	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	EQUENCE OF EQUENCE OF resulting in	26. PL OTHER: 4 Nursing Hom	g cause give	en in Part TH (Check or ence 6	I. 24a. W P 1 IN (IN (Specific Specific	MAS AN AUTERFORME YES 2 UIR (V)	ropsy o? no	All Ci	WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
BI PHISICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO OUE TO d. a contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month. De	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not ER/Outpatient INJURY By, Yee/) F INJURY — At h	EQUENCE OF EQUENCE OF rasulting in	26. Pt OTHER: 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACE OF DEAT a 5 Residu	en in Part TH (Check or ence 6 28d)	I. 24e. W P I I N (I N (Special DESCRIBE	WAS AN AUTOMERFORME PER 2 M COMMENTE PER	TOPSY O? NO Y	A CC O	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2X XNO	
LED BY PRISICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO OUE TO d. a contributing to HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month. De	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not ER/Outpatient: INJURY INJURY	EQUENCE OF EQUENCE OF rasulting in	26. PL OTHER: 4 Nursing Hom	ACE OF DEAT a 5 Residu	en in Part TH (Check or ence 6 28d)	I. 24a. W P 1 IN (IN (Specific Specific	AS AN AUTERFORME YES 2 X QUIR HOW INJU	TOPSY O? NO Y	A CC O	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2X XNO	
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LED BY PRISICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO OUE TO OUE TO d. a contributing to HOSPITAL: 1 Inpetient 2 X 28a. DATE OF (Montn, Da 28c. PLACE OF building, si	(OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not [ER/Outpatient : INJURY ay, Yer) F INJURY — At hatc. (Specify) my knowledga, d	EQUENCE OF EQUENCE OF resulting in	26. PL OTHER: 4 Nursing Hom NY M 100 Ireet, factory, officed	ACE OF DEAT a 5 Reside URY AT RK? ES 2 No	en in Part TH (Check or ence 6 28d 100 28f.	i. 24a. W. I I I I I I I I I I I I I I I I I I	WAS AN AUTHERFORME VES 2 A UIR UIR Vy) HOW INJU	ropsy o? NO Y RY Occur Number or	A CC O	MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2X XNO	
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		1 - STATE OF MAR	YLAND / DEPARTMENT OF H CERTIFICATE OF	IEALTH AND M	ENTAL HYGIENE REG. NO.	92 0	0019
		1. DECEDENT'S NAME (First, Middle, Last) Adeline C. De	145		2. DATE OF DEATH DAY	- 92	3. TIME OF DEATH 7:26 A M
1 17		4. SOCIAL SECURITY NUMBER 5. SEX 6. A 1 M 2 5 F	GE (In yrs. lest birthday) F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/5/19	6. BIRTHP Country Charl	eston, SC
7 NO NO 3 should	OR	Se. FACILITY NAME (If not institution, give street and number HOLY COSS HOS	+ //	Spring	TH	9c. COUNTY OF DE Mont	ATH
Pages 1.	DIRECTOR	10a. STATE 10b. COUNTY Md Montgomery	10c. CITY, TOWN OR LOCAT Silver Spr				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
sit permit.		100. STREET AND NUMBER 2211 Westview Drive	101	20910		10g. CITIZEN OF W	
Leach Loozo	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 V IF YE8, GIVE WAR C	YES 2 NO If yes, sp	ENDENT OF HISPANIC secify Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yea or Puarto Rican, etc.)		- American Indian, White, atc. 3.1ack
21215 all or attend for use as	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Yrs College (1-4 or 5+) 2 Yrs	16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during module. Do NOT use retired.) Federal Work	ost of working	16b. KIND OF BUSIN	IE88/INDUSTRY	
YLAND 2 by the hospital be detached for		17. FATHER'S NAME (First, Middle, Last) Cyrus Clements		18. MOTHER'S NAM	E (First, Middle, Maiden Su Campbell	rname)	
MARN, MARN be retained to be should be should a notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Edward Deas (Husband)	Same as 10a, b		oute Number, City or Town,	State, Zip Code)	
MORE, Age 6 may be director, page	13	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISPOSITION of cemetary, crematory or other place) Mt Olivet Cemet	ery 1/	6/92 Wash	nington,	DC
SALTI death. P tuneral al.	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			wohn T Ri NE, DC 200		., Inc.
B. B. Hours after letely filled in by the emation, or removal nt, the medical in		23. PART I. Efter the disease, or complications that co- shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	used the deeth. Do not enter the moon sech lins. AS A CONSEQUENCE OF:	ode of dying, such	as cardiac or respira	tory arrest,	Approximate Interval Between Onset and Daath
BOX 6876 n certificate be executed anding physician and comp Hygiene prior to burkal, or or other traumatic eve	CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING	AS A CONSEQUENCE OF):	Han	Adm	2600	
	ERTIFIC	CAUSE (Disease or injury that initiated events resulting in daeth) LAST	AS A CONSEQUENCE OF):				
RECORDS, inquires that the death removed by the attern signed by the attern of Health and Mentall shows any Inlury, to	PHYSICIAN: MEDICAL C	PART ii. Other eignificent conditione contributing to dea	ath but not reaulting in the undarlyin	ng ceuse given in F	Part i. 24a. WAS AN AN PERFORM 1 YES 2	IED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EN AS	ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	PLACE OF DEATH (Chec			
OF With the Ked, or Ked, or		1 ☐ YES 2 ☑ NO 1 ☐ Inpetient 2 ☑ ER 27. MANNER OF DEATH 1 ☑ Netural 5 ☐ Pending	URY 28b. TIME OF 28c. IN. (6ar) INJURY W	JURY AT ORK? YES 2 NO	28d. DE\$CRIBE HOW IN.	JURY OCCURED	
ISIC TTENDI TTEN	TED BY	2 Accident Investigation 3 Suickle 8 Could not be determined Description 26e. PLACE OF IN building, etc.	JURY — At home, farm, street, factory, office		281. LOCATION (Street an City or Town, State)	d Number or Rural R	loute Number,
	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the basis of axam) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72	TO BE	29b. SIGNATURY AND TITLE OF CERTIFIED	and more	29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)
	F-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (
		JAN 0 3 1992 32. REGISTRAR'S June Da	SIGNATURE Widson-Randelle				



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DIVISION OF VITAL RECORDS, I	

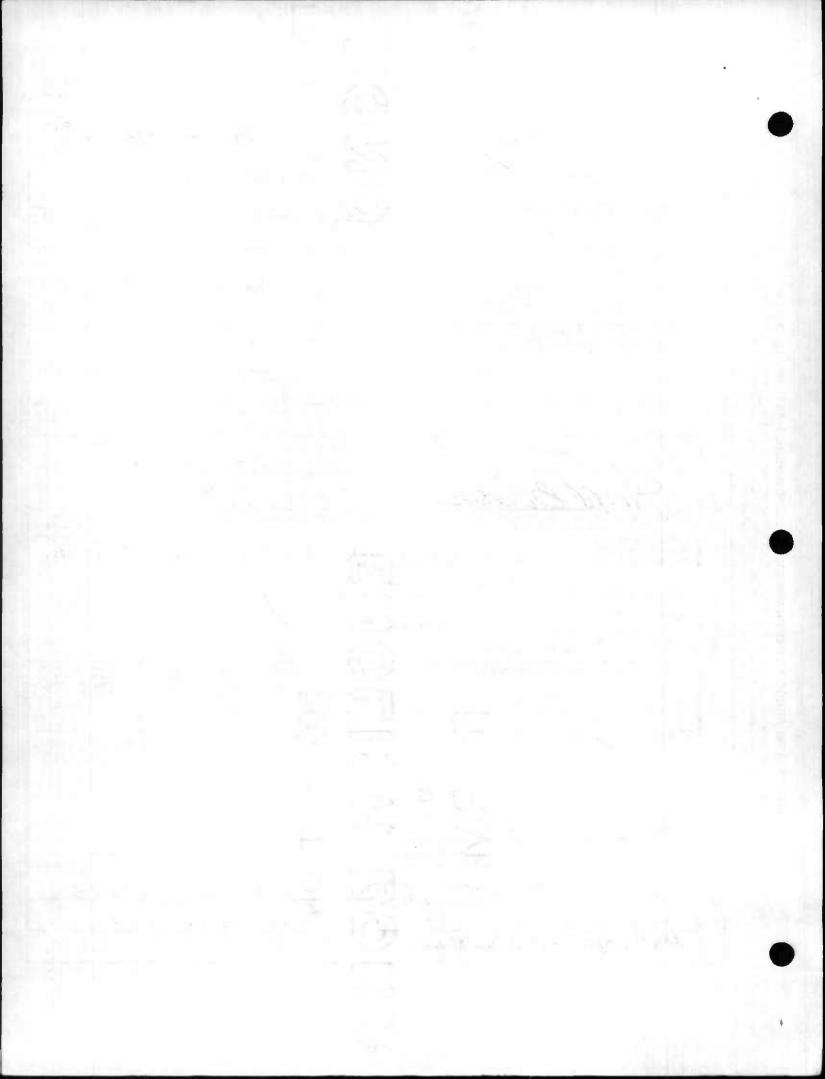
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

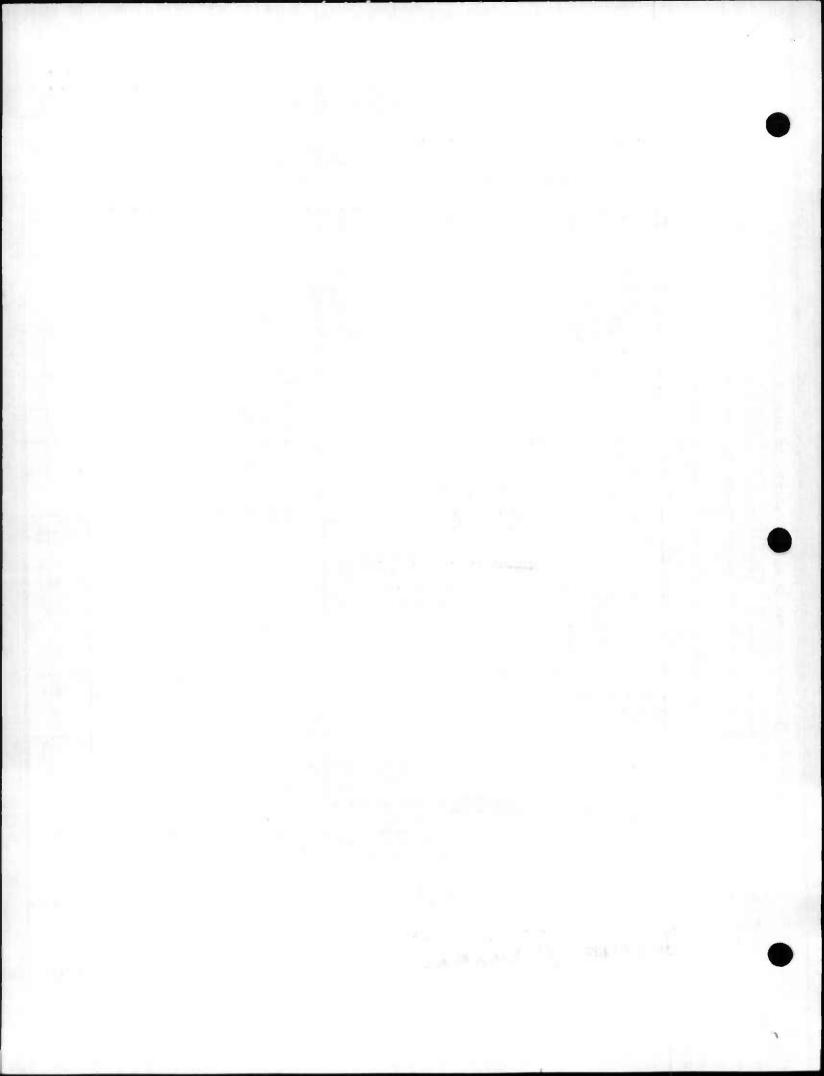
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	CERTIFIC	ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Blanche 1	BLANCHE WI	ILHEMINA F	FITCH	2. DATI	of DEATH	199	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 21.7-80-9044	5. SEX 6. AGE (1)		F UNDER 1 YEAR IF UNDER 24 H PATHS DAYS HOURS MI	18.6	of BIRTH th, Day, Year) 29 190		BIRTHPLACE (State or Foreign Country) ARYLAND
9a. FACILITY NAME (If not institution, give str BALTIMORE COUNTY			s. city, town or location of RANDALLSTOWN	F OEATH		9c. COUNTY BALT	OF DEATH CIMORE
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MD BALTTI	MORE	10c. CITY, T	TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
1553 DOXBURY ROAD	TOKE		10f. ZIP CODE 21204			U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HI If yes, specify Cuban, M 1 TES 2 NO S	exican, Puerto			RACE — American Indien, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. OECEOENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION k done during most of working etired.)	16	b. KINO OF BUSI	NESS/INOUS	
Elementary/Secondary (0-12)	NONE	HOMEMA		0	N HOME		
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	S NAME (First,	Middle, Maiden S	urname)	
WILLIAM	BENSIN				IETTA C		
19e. INFORMANT'S NAME (Type/Print)		111111111111111111111111111111111111111	ONDIESS (Street and Number or F				
THELMA JONES	Tan		OXBURY ROAD F DISPOSITION (Name	TOWS		21204	or Town, State
1 N Buriel 2 Cremetion 3 Remo	rval from State of	cemetary, crematory or AK LAWN CE	other place)	1-		IMORE	
21. BIGNATURE OF FUNERAL SERVICE LIC	3/han		SINGLETON F	UNERAL		RIIDNT	F MD 21061
23. PART i. Enter the diseases, or c	3Unson	d the death. Do not ach line.	SINGLETON F 1 SECOND AV enter the mode of dying,	UNERAL E. S.W such as ca	. GLEN	ntory arrest	Approximate interval Betwee Onset and De
23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	omplications that cause on earliest only one cause on earliest on earlie	d the death. Do not ach line. CONSEQUENCE OF): CONSEQUENCE OF):	SINGLETON F 1 SECOND AV enter the mode of dying,	UNERAL E. S.W such as ca	. GLEN	ntory arrest	Approximate interval Betwee Onset and De
23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ach line. CONSEQUENCE OF): A CONSEQUENCE OF):	SINGLETON F 1 SECOND AV enter the mode of dying, Anfarch y with the control of t	UNERAL E. S.W such as ca	. GLEN	UTTOPSY AED?	Approximate Interval Betwee Onset and De Conset and De Con
23. PART i. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	ach line. CONSEQUENCE OF): A CONSEQUENCE OF):	SINGLETON F 1 SECOND AV enter the mode of dying, Anfarch y with the control of t	UNERAL E. S.W such as ca	CALL H	UTTOPSY AED?	Approximate Interval Betwee Onset and De Comment an
23. PART i. Enter the diseases, or c shock, pr heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	SINGLETON F 1 SECOND AV enter the mode of dying, Afactor the underlying cause give	UNERAL E. S.W such as ca	CALLA	UTTOPSY AED?	Approximate Interval Between Onset and De Conset and De Co
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT ICATI	OF H	EALTH DEA	AND I	MENTAL	HYGIEN	E 9	2	0002	21
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DE	ATN
	Loretta		FIEL	.DS					Janu	ary 2	, 199	2 EAR	4:23	Рм
	4. SOCIAL SECURITY NUMBER 218-14-1291	5, SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE C				PLACE (State or	Foreign
OR		nklin Square Hospital Baltimore												
당	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV										OTTIO		
L DIRECTOR	MD B	total of the control				Esse	ssex				10d. INSIDE CI LIMITS? 1 YES 2			
NERA	1000 Franklin A	1000 Franklin Ave. Unit 818			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 21221 USA					7				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARI YES 2 (X) N WAR OR DATES	MED						- American in White, etc. y: White				
COMPLETED	15, OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 -	(Gi	CEDENT'S We kind of the NOT use	work done	CCUPATIO	ON st of working	ng	16b.	KIND OF BUS		USTRY		
	17. FATNER'S NAME (First, Middle, Last) William Cromw	ell							ME (First, Mi Matt	iddle, Maiden :				
TO BE	198. INFORMANT'S NAME (Type/Print) Veronica L. Bu	rkhammer	195	MAILING 762	ADDRESS 5 Ph	(Street a				Balto.	n, State, Zip	^{Coode)} 2123	37	
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 Commetter 3 ☐ Rem	noval from State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na			DATE		CATION —	City or Tov	wn, State	
	4 Donation 5 Other (Specify)	CENNEZ 1/	Meti	O CI			D ADDRE		6–92				ille, N	ID I
	· Deniso	8-1/2	lly			1211	Che	saco	Ave.					
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	• Anoxio	se on eech line.	alopa	athv	the mo	de of dy	ing, auci	n es cerdi	ec or respir	atory arr	est,		mate Between nd Death
NTION	Sequentially list conditions, if eny, leeding to immediate	D	OR AS A CONSEC											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CDUE TO	(OR AS A CONSEO	UENCE OF	7):									
0	PART II. Other significent condition	ns contributing to	deeth but not n	esultina i	n the un	derivino		aluan in	David J.			1		
PHYSICIAN: MEDICA	Hypertension Azotemia				ii the un	derlying	Causa	given in		PERFORI	WED?		WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2	R TO F CAUSE
ž									_					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)					
ΥS	1 YES 2 NO	1 Inpatient 2			4 🗆 Nuri	ing Nome		aldence	8 🗆 Other ((Specify)				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF (Month, De	ny, Year)	28b. TIMI	M		RK? ES 2] NO	28d. DESC	RIBE NOW IN	JURY OCC	URED		
8	3 Suicida 8 Could not be 4 Nomicide detarmined	28e. PLACE Of building,	F INJURY — At horate. (Specify)	ne, 1erm, a	treet, facto	ory, office			28f. LOCAT	TON (Street ar Town, State)	nd Number	or Rural Ro	oute Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI												and menner as	stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	holu	t, Mi					328L	BER 112-13	84	29d, DATE	SIGNED (Month, Day, Yes	3
F	Gary Kerkvliet,					re D				/	2	1237	1, 1, 1	
	21 DATE Ell ED (Month One Mont)	32. REGISTRA	R'S SIGNATURE											
	JAN 0 3 1992	Furia Davidso	n- Booles											



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Improvement the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	O THE FI	e filed w	IMPORTANT: If Item 28 is marked, or Item 2.2 moves and Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN			.001	lings
	DECEDENT'S NAME (First, Middle, Last) MARY	ROSE F	FONTE			2. DATE OF DEATH MONTH D	ž 4	1	3. TIME OF DEAT	
	4. SOCIAL SECURITY NUMBER 212-18-8804	1 🗆 M 2 🛂 F		UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTYN (Month, Day, Year) 01/04/22		Country)	LACE (State or Fo	veign
TOR	99. FACILITY NAME (If not institution, give so UNION MEMORIAL RESIDENCE OF DECEDENT				RE CITY	EATH	9c. COUNTY	OF DEA	ATN	
DIRECTOR	10a. STATE 10b. COUNTY			WSON	TION				IOd. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 500 Virginia Ave	101						N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMEO FORCES? 1 VES 2 NO If yes, specify C			ENDENT OF HISPAI	NIC ORIGIN? (Specify Yee in, Puerlo Ricen, etc.) y:	or No- 14.	RACE -	- American Indie White, atc. hite	iri,
COMPLETED	15. DECEDENT'S EDUK (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use red Clerica	done during mo ired.)	ON st of working	186. KIND OF BUS	SINESS/INDUS	TRY		re
	17. FATHER'S NAME (First, Middle, Last) Al fio Spinnicch	nio				ME (First, Middle, Maiden	Surneme)			
TO BE	190. INFORMANT'S NAME (Type/Print) Ronald Campbell		196. MAILING ADD 3008 Ha:	PRESS (Street a	nd Number or Rural i	a Forte Poute Number, City or Town Baltimore,	1, State, Zip Co. MD •2 1	234		
	20a. METHOD OF DISPOSITION 1		PLACE AND DATE OF DI ttery, cremetory or other p een Mount	Haca)			cation — city			
	21. SIGNATURE OF FUNERAL SERV DE LIC		een ibuit	22. NAME AN	D ADDRESS OF FA		Funer	al	Home, I	nc.
	23. PAPT I. Enter the disease up shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ch lina.	enter the mo	da of dylng, suc	h as cerdiac or raspi	ratory arrest	,	Approxima Interval Ba Onsat and	atween
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Infection Due to (OR AS A	CONSEQUENCE OF:		athy					
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. Insulin Dependent Diabetes Mellitus Hypertension				PERFOR	PERFORMED2 1 YES 2 NO			NDINGS TO AUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;	ОТ	26. PL	ACE OF DEATH (Ch	eck only one)				
НУ	1 YES 2 NO 27. MANNER OF DEATN	28e. DATE OF INJURY	26b. TIME OF	28c, INJ	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	IJURY OCCUR	ED		
B	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M: 1 Y	ES 2 NO					
ETED	3 Suicide 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, tectory, office City or Town, State)						ite Number,			
COMPLETED		CIAN: To the best of my knowle R: On the besis of examination						:use(e) e	nd menner es st	ated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER REORGE C. Will	R. III Resi	ident PG	.Y3	29c. LICENSE NUM				fonth, Day, Year)	
F	George E. Wich	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Prim	orial	Hospital		-	1		
	31. DATE PLED (MONTH) 201 9992	THE HERISTRAR'S SIGNAL								

	24	#	No.	<u></u>
60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law invaries that the death cardificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has a second by the attending physician and completely fill	be filed within 72 hours after death with the State Repl of Heym and Mental Hygerie prior to build, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows my Injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	mecufer	and co	Durla 0	natile
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NO	DING P	After th	death v	mart
S	ATTEN	ECTOR:	s after	1 28 1
5	AL OR	AL DIRI	2 hour	If Item
	HOSPIT	FUNER	within 7	TANT
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	F	F	Ď	=

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND	MENTAL HYGIEN REG. NO		00023
	1. DECEDENT'S NAME (First, Middle, Last)	S GOELL	Milared o	J. Goeller	-	j 95	- 133 PM
	4. SOCIAL SECURITY NUMBER 2(5-44-2090	32	O YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year)		BUHMACE (State or Foreign BUHMACE MI
TOR	9a. FACILITY NAME (If not institution, give s ST SOLK RESIDENCE OF DECEDENT	H Hospis	LAL SEC	Towso		Sc. COUNTY	GTI MORE
FUNERAL DIRECTOR	nd 1	Baltimore			owson	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔀 N	
ERAI	1407 Putty Hill	l Avenue		10f. ZIP CODE	21204	1	of what country? I States
B	11. MARITAL STATUS 1 Never Married 2 Married SX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	. [XNO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. If yes, specify Cuban, Mexican, Puerto Rican, stc.)			RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5 +)	life. Do NOT use retired	ne during most of working	16b. KIND OF BU	SINESS/INDUST	RY
MO	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maider	Surname)	
BE	Henry	W.	Wagner		. Elizabet		
6	190. INFORMANT'S NAME (Type/Print) Richard E. Goelle	or	The second state of the second	ess (Street and Number or Rural Loch Shiel Ro	100	on, State, Zip Coo	
	26a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	20b. Pl of cem	ACE AND DATE OF DI	SPOSITION (Name	DATE 20c. L	cation — chy	or Town, Btsta
1	21. SIGNATURE OF FUNERAL SERVICE LI		Knight Jr	eonard J. Ru	ACILITY Balt	imore,	Md. 21214
	23. PART I. Enter the diseases, or ehock, pr heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Duy TO (OR AS A CC	l Ine.	ter the mode of dying, au	ch ae cerdlec or resp	piratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A CC	enverences Co.	izeare			
	PART II. Other aignificant condition	d	not moulting in the	underlylen enge above b	Part I. 24s. WAS A	N ALTTOREY	24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Hyputer Diabete Chavie	Melling Reval Ins	Il i com			PAMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 21 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)		
1YS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Outpetic		Nursing Home 6 Residence 28c. INJURY AT	8 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
BY PI	Natural 5 Pending Accident Investigation	(Month, Day, Year)	INJURY	WORK?			S
	3 Suicide 6 Could not be 4 Homicide delarmined	28e. PLACE OF INJURY — building, atc. (Specify)	Al home, farm, street,	factory, office	261. LOCATION (Stree City or Town, State	t and Number or i	Rural Route Number,
COMPLETED	one)	SICIAN: To the bast of my knowled ER: On the basis of exemination a					ause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	, Patter	w	29c. LICENSE NI		29d, DATE S	IGNED (Month, Day, Year)
	RICHARD D. PART	umo 7620 Y	OKK RO S	TOCCPH'S H	torp Tow	SON M	D 2004
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	URE				

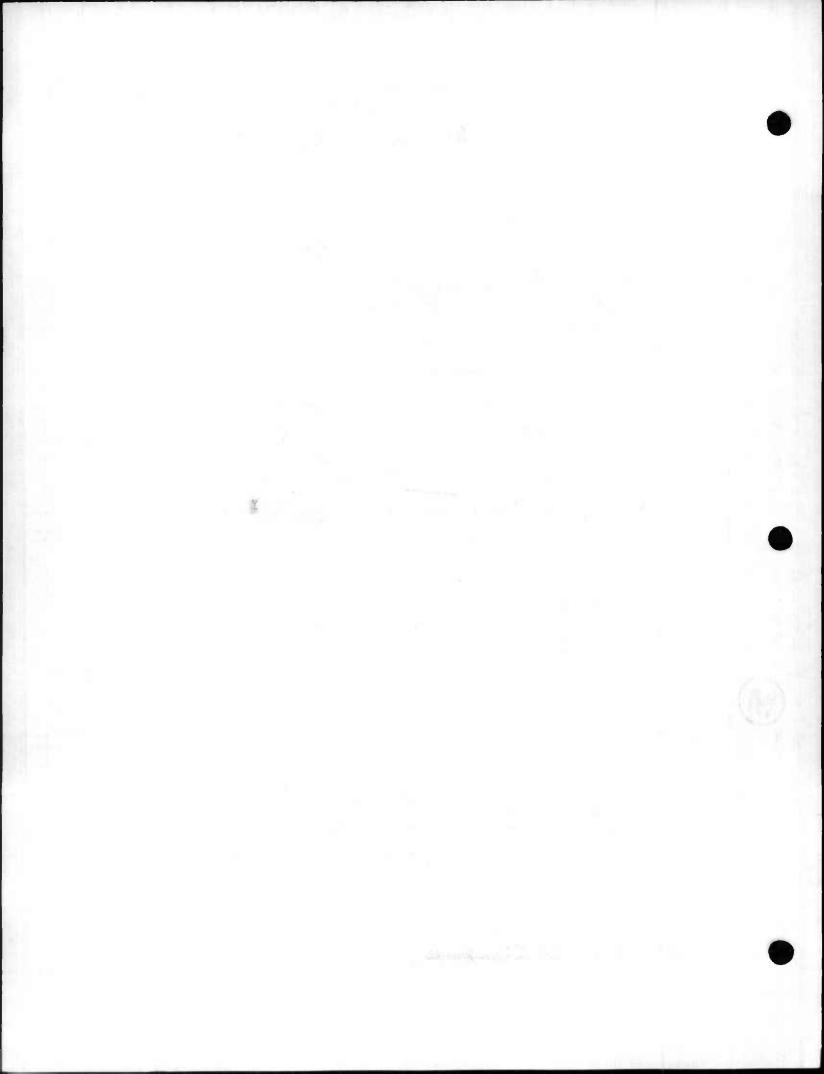
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	4 0500000000000000000000000000000000000			CATE OF DE		REG. N			
	1. DECEDENT'S NAME (First, Middle,	/	mog D (Tromont.		2. DATE OF DEATH MONTH	DAY	VEAD	OF DEATH
	4. SOCIAL SECURITY NUMBER		mes B. (IDER 24 HRS.	7. DATE OF BIRTH	•	BIRTHPLACE	00 +
	263-16-4250	1 X M 2 🗆 F 7		ONTHS DAYS HOUR		5/22/1		Country)	TERS
R	90. FACILITY NAME (If not institution, T TREPTV MET	give street and number) OICAL CENTER	9	BALTIMO		тн	9c. COUNT	TY OF DEATH	
CTOR	RESIDENCE OF DECEDEN 10a. STATE 10b. Ct	т			ORE				
DIRE	MARYLAND		loc. GIT,	BALTIMO	RE CIT	ΓY		3,51.10	SIDE CITY WITS? ES 2 N
FUNERAL	3718 BELLE A	VENUE		101. ZIP C		_	10g. CITIZE	EN OF WHAT CO	
S	11. MARITAL STATUS	12 WAS DECEDENT EVED IN	U.S. ARMED	13. WAS OECENDEN	21215		Yee or No.— 1	USA 4. RACE Ame	
BY F	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO ATES		uban, Maxican, i	Puerto Rican, etc.)		Black, White,	ACK
E	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. DECEOENT'S US	k done during most of wo	orkina	16b. KIND OF E	BUSINESS/INOU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	retired.)					
SOM	17. FATHER'S NAME (First, Middle, Las	it)		18. M	OTHER'S NAME	(First, Middle, Malde	en Surname)		
BE	WALLY GREGO 19a. INFORMANT'S NAME (Type/Print)					DA GREG			
2		Lizzie Gregory EGORY		DELLE AVI		BALTIM			15
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3	20b.	PLACE AND DATE OF	DISPOSITION (Name of		OATE 20c. I	LOCATION — CI	ty or Town, State	
	4 Donalion 5 Other (Specify)	W	OODLAWN	CEMETER	Y	W	OODLA	WN MA	RYI.
	21. SIGNATURE OF FUNERAL SERVICE		OODLAWN					-	
	23. PART I. Enter the diname ehock, or heart fell	CE LICENSEE OL LULE	the deeth Po pot	LEROY (RESS OF FACIL O. DYF	TTT & S	TS AV	NERAL ENUE 2	HOMI 120'
CERTIFICATION	23. PART I. Enter the diagrams	or complications that chused ure. List only one cause on early one cause on early one to on as a b. DUE TO OR AS A DUE TO OR AS A C.	the deeth. Do not such line.	22. NAME AND ADD LEROY (4600 L.) enter the mode of Tarlure	RESS OF FACIL O. DYF IBERTY dying, such o	TTT & S	TS AV	NERAL ENUE 2	HOMI 120'
N: MEDICAL CERTIFICATION	23. PART'I. Enter the diseases ehock, or heart fell iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentisity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications the chused ure. List only one cause on each of the chuse on the chuse of the ch	the deeth. Do not set line. Brac CONSEQUENCE OF): OLITATOR CONSEQUENCE OF): CONSEQUENCE OF):	22. NAME AND ADD LEROY (4600 L.) enter the mode of LATEAN CALLEROY (ACCORDING TO A CONTROL OF CALLEROY	RESS OF FACIL O. DYF IBERTY dying, such o	ETT & S HEIGH es cerdiac or ree	TS AVI	NERAL ENUE 2 st, Ain On 24b. WERE AI AMALLAB COMPLE DF DEAT	HOME 21207 pproximaterval Betterval
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MEDICAL	23. PART*I. Enter the discusses ehock, or heart fell immediate CAUSE (Final disease or condition resulting in deeth) Sequentisily list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conductions of the conduction of th	or complications that chused ure. List only one cause on each of the chused ure. List only one cause on each of the chused ure. List only one cause on each of the chused ure. List only one cause on each of the chused ure. List only one cause on each of the chused ure. List only one cause on each of the chused ure. List only one cause of the chused ure. List only one cause of the chused ure. List only one cause on the chuse of the	The deeth. Do not set line. Brace CONSEQUENCE OF: CONSEQUENCE	22. NAME AND ADD LEROY (4600 L.) enter the mode of LEROY (4600 L.) Enter t	RESS OF FACIL O. DYH IBERTY dying, such of e given in Pa F DEATH (Check Rasidence 8 (TTY & S HEIGH es cerdiac or rea Int i. 24a, WAS A PERF 1 YES only one)	ITS AVI	NERAL ENUE 2 st. Ain or or or 24b. WERE AI AMAILAB COMPLE DF DEAT 1 YE	HOME 21207 pproximaterval Betterval
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ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the disease ehock, or heart fell iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentisity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 YES 2 Performance of the performance	or complications the caused ure. List only one cause on early one cause on early one as a less one a	The deeth. Do not set line. Brace Consequence of: Consequence	22. NAME AND ADD LEROY (4600 L). enter the mode of the underlying cause	RESS OF FACIL O. DYH IBERTY dying, such of e given in Pa F DEATH (Check Rasidence 8 [2]	TTY & S HEIGH es cerdiac or rea Int i. 24a, WAS A PERF 1 YES only one)	AN AUTOPSY ORMED? 2 NO	NERAL ENUE 2 st, Ain Or 24b. WERE AI AMALAB COMPLE 1 1 YE	HOMI 2120' pproxima tervsi Be naet and
ED BY PHYSICIAN: MEDICAL	23. PART*I. Enter the disease ehock, or heart feli iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentisily list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	DUE TO (OR AS A C. DUE TO (OR AS A DU	The deeth. Do not set line. BAL CONSEQUENCE OF: OUT ATTY CONSEQUENCE OF: Ut not resulting in the set of t	22. NAME AND ADD LEROY (4600 L). enter the mode of LEROY (4600 L). enter the mode of LEROY (4600 L). enter the mode of LEROY (1000 L). 26. PLACE OF LEROY (1000 L). 26. PLACE OF LEROY (1000 L). 26. PLACE OF LEROY (1000 L). 27. INJURY AT WORK? 28. INJURY AT WORK? 1 YES 2 et, factory, office	RESS OF FACIL O. DYH IBERTY dying, such of the such as a	TTY & S I HEIGH es cerdiac or ree Int i. 24a, WAS A PERF 1 YES Other (Specify) 8d. OESCRIBE HOW 8f. LOCATION (Street City or Town, State the cause(a) and m	AN AUTOPSY ORMED? 2 NO INJURY OCCUPATION OF THE PROPERTY OF	NERAL ENUE 2 st, Ain On 24b. WERE AI AMALLAB COMPLE DF DEAT 1 YE REO	HOMIP 120': pproximaterval Benset and utropsy Fin LE PRIOR TI TION OF CA
COMPLETED BY PHYSICIAN: MEDICAL	23. PART I. Enter the discusses ehock, or heart fell immediate cause or condition resulting in deeth) Sequentisily list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the conditio	or complications the caused ure. List only one cause on each of the cause of th	The deeth. Do not set line. BAL CONSEQUENCE OF: OUT ATTY CONSEQUENCE OF: Ut not resulting in the set of t	22. NAME AND ADD LEROY (4600 L). enter the mode of LEROY (4600 L). enter the mode of LEROY (4600 L). enter the mode of LEROY (4600 L). THER: Nursing Home 5 DF 28c. INJURY AT WORK? M 1 YES 2 et, factory, office	RESS OF FACIL O. DYH IBERTY dying, such of e given in Pa F DEATH (Check Rasidence 8 NO 24	ITY & S I HEIGH es cerdiac or ree Int I. 24a. WAS A PERF 1 YES Only one) Other (Specify) ad. DESCRIBE HOW 8f. LOCATION (Street City or Town, State the cause(a) and m ne, data and place, a	AN AUTOPSY ORMED? 2 NO NAUTOPSY ORMED? 2 NO NAUTOPSY ORMED?	NERAL ENUE 2 st, Ain Or 24b. WERE AI AMALLAB COMPLE DF DEAT 1 YE REO Rural Route Num .	HOME 21207 pproximat terval Bet naset and UTOPSY FINIT LE PRIOR TO THOR OF CAI HO? S 2 NC
ED BY PHYSICIAN: MEDICAL	23. PART*I. Enter the disease ehock, or heart feli iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentisily list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of	or complications the caused ure. List only one cause on each of the cause of th	The deeth. Do not set line. BAL CONSEQUENCE OF: OUT ATTY CONSEQUENCE OF: Ut not resulting in the set of t	22. NAME AND ADD LEROY (4600 L). enter the mode of LEROY (4600 L). enter the mode of LEROY (4600 L). enter the mode of LEROY (4600 L). THER: Nursing Home 5 (1700 L). AND THER: Nursing Home 5 (1700 L). Set 1 (260 L). THER: Nursing Home 5 (1700 L). THER	RESS OF FACIL O. DYH IBERTY dying, such of the such as a	ITY & S I HEIGH es cerdiac or ree Int I. 24a. WAS A PERF 1 YES Only one) Other (Specify) ad. DESCRIBE HOW 8f. LOCATION (Street City or Town, State the cause(a) and m ne, data and place, a	AN AUTOPSY ORMED? 2 NO NAUTOPSY ORMED? 2 NO NAUTOPSY ORMED?	NERAL ENUE 2 st, Ain On 24b. WERE AI AMALLAB COMPLE DF DEAT 1 YE REO	HOM 2120 pproximatervsi Benset and

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 00024

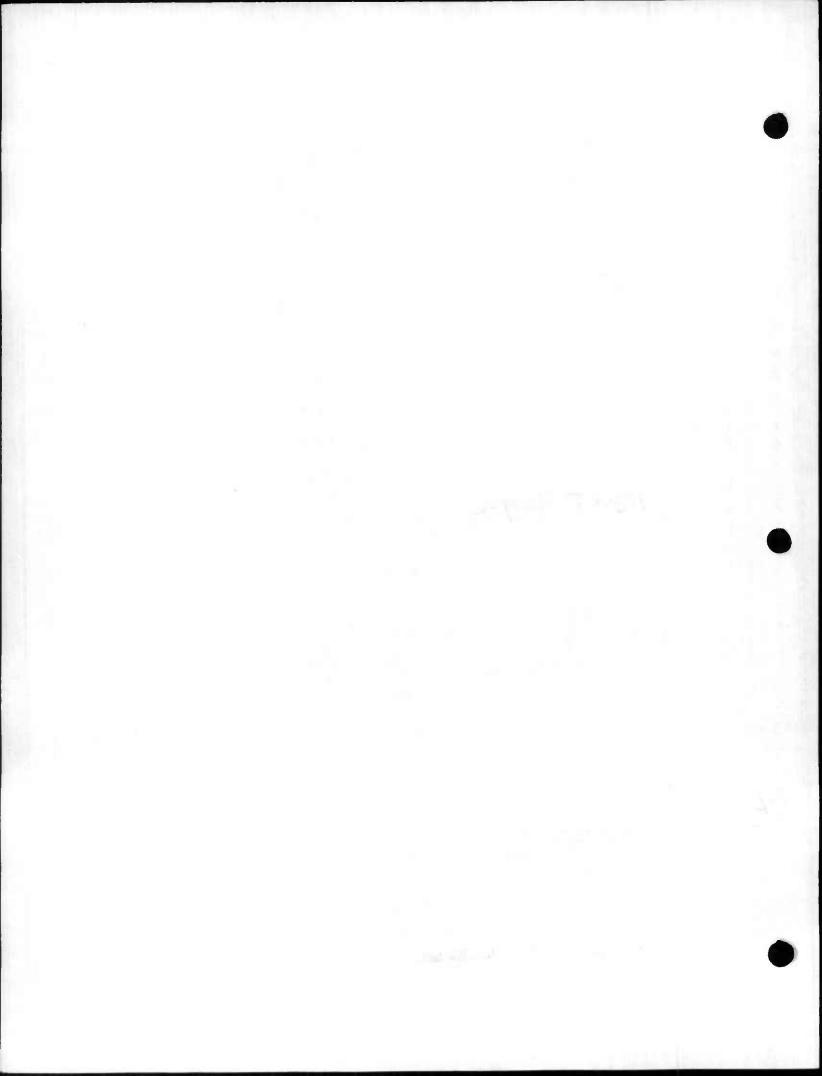


IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

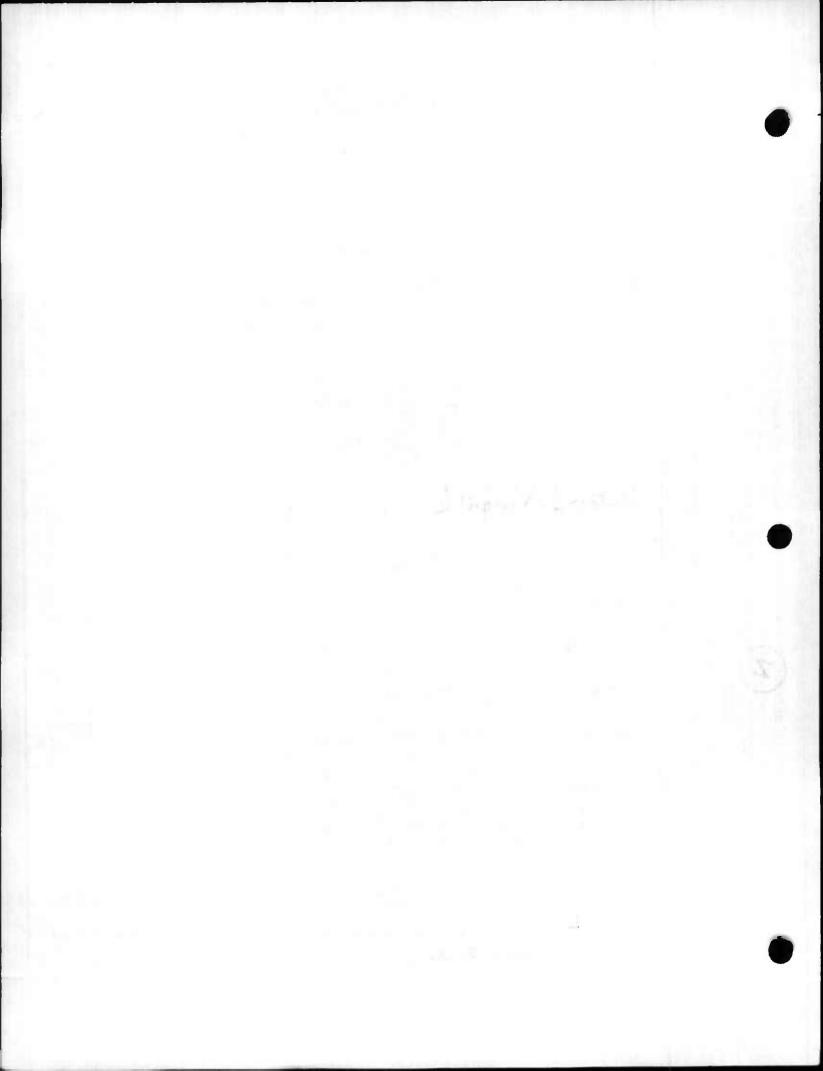
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Christine	В.	Giordan		2. DATE OF DEATH	MY YE	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER			MOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	1 92	2 6:15 a M	
	216-01-3262 9a. FACILITY NAME (# not institution, give s	1 🗆 M 2 🔀 F	73 YRS. MON	THS DAYS HOURS MIN.	Oct., 10, 19	18 °	Maryland	
TOR	205 E. Red Hill		96.	CONOWINGO				
EC	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY	
FUNERAL DIRECTOR	Maryland 100, STREET AND NUMBER		Ba	ltimore City			LIMITS?	
LERA	445 Anglesea Street			101. ZIP CODE 21224		Unite	of what country? ed States	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:			14. RACE — American Indian, Black, Whita, atc. Specify: White	
ED								
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use reti	lone during most of working red.)				
O	17. FATHER'S NAME (First, Middle, Lest)		I Midia		AME (First, Middle, Maiden	Surname)		
BE C	Philip Andrzejewski				an Buczynsi	,		
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rura	I Route Number, City or Tow	n, State, Zip Code	9)	
F	Thomas J. Giordano,	Jr.	804 Hay	den Ct. East	Belair, Md.	21014		
	20a, METHOD OF DISPOSITION 1 M Buriet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF DIS	eposition (Name of Jesus Cemetery '	DATE 20c. LO	CATION — City of	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	CIECITIC. OI	22. NAME AND ADDRESS OF F	ACILITY	tumore,	Maryland	
	Mark T.	Barapa		Leonard J. Ruci 5305 Harford R	d Baltimon	e. Md.212	214	
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on ea	the death. Do not e	nter the mode of dying, su	ch aa cerdiac or reap	iratory arreat,	Approximate	
	IMMEDIATE CAUSE (Final						Interval Between Onset end Death	
	diseese or condition resulting in death)	a. PROBA	BLE	mI			SUBBER	
		DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	Sequentielly list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF):					
Ä	if eny, leeding to immediate cause. Enter UNDERLYING		outside of).					
Ħ	CAUSE (Diseese or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ERI	resulting in death) LAST	d						
	PART II. Other aignificant condition	a contributing to death b	ut not requiting in the	underlying sever alves to	Book! I as una su			
PHYSICIAN: MEDICAL		BENES H			Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
E		-1123 11	1112121	2001000	1 🗆 YES 2	₽ NO	COMPLETION OF CAUSE OF DEATH?	
Σ.					—		1 TES 2 NO	
AM	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	hack note one)			
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpi		HER: Nursing Home 5 X Residence				
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	2ad. DESCRIBE HOW I	NJURY OCCURE		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?				
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm, street,			and Number or Ru	rel Route Number,	
	29a. CERTIFIER							
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC CERTIFYING	R: On the beat of my knowle	edge, death occurred at to and/or investigation, in	he time, data and placa, and du my opinion, death occured at the	a to the cause(a) and mer time, data and placa, an	nner as stated. d due to the cau	se(s) and menner as stated.	
	296 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			NED (Month, Day, Year)	
O BE	Mul /	Muy V.	フ	1019		D 11,	192	
٩	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	/	. //	112	1./	
	JAN 03 1992	32. REGISTRAR'S SIGNA	ATURE					
	JEEL CO MHC	Julia Savidson Pa	ndelle					



	FOR	STATE OF I	MADVI AN	D / DEDAG	THENT O					2 (0026
	1 - STATE REGISTRAR		WARTLAN	CERTIF	ICATE C	F HEALTH AND OF DEATH	MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Marie	Α.		Hynes		2. DAT		2, 199	YEAR S	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-05-0537	5. SEX	6. AGE (In ye	ND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH HYPICS 1. DATE OF DEATH HYPICS 2. DATE OF DEATH REG. NO. 2. DATE OF DEATH HOWER MAIN CO. 3. SIMME PROVIDED THERE FUNCES 24 HMS. 2. DATE OF DEATH HOWER MAIN CO. 3. SIMME PROVIDED THE PROVIDED A HMS. 2. DATE OF DEATH HOWER MAIN CO. 3. SIMME PROVIDED TO 1919 Maryl 96. CITY, TOWN OR LOCATION OF DEATH Bel Air 100. CITY, TOWN OR LOCATION Parkville 101. ZIP CODE 102. CITY, TOWN OR LOCATION Parkville 104. PRI Types, specify Cubes, Meastern Province Prices, etc.) 11 Yes 2 M NO Specify 11 Yes 2 M NO Specify 12 No. KIND OF BUSINESS/MOUSTRY (Chiv Bind of very close adving most of working) 11 NUTSE (Mercy Hospital) 12 NUTSE (Mercy Hospital) 13. MAILING ADDRESS (Street and Number or Rural Route Number. Cro or Even. State, Zip Code) 100.3 Milchling Drive Bel Air, Md. 21234 LECRAND AND DATES PERFORMENTIAN (Name of Marie Measter) 100.3 Milchling Drive Bel Air, Md. 21234 LECRAND AND ADDRESS (Street and Number of Rural Route Number. Cro or Even. State, Zip Code) 100.3 Milchling Drive Bel Air, Md. 21234 LECRAND AND DATES PERFORMENTIAN (Name of DATE 200. LOCATION — City or Town, State and Number of Rural Route Number. Cro or Even. State, Zip Code) 10 Number of Park Prices and Number of Rural Route Number of Park State And Autropsy Performent Of Date (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or Town, State (Name of Date 200. LOCATION — City or							
OR	9a. FACILITY NAME (If not institution, give 1003 Milchlir						DEATH		9c, COUN	TY OF DEA	ATH
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry.									
L DIRECTOR		altimore	Parkville 101. ZIP CODE 102. CITY, TOWN OR LOCATION Parkville 104. ZIP CODE 105. CITIZEN OF WHAT COUNTY 107. ZIP CODE 106. CITY CODE 107. ZIP CODE 108. CITIZEN OF WHAT COUNTY 109. CITIZEN OF WHAT COUNTY 119. VES 2 NO Specify: 11	IOd. INSIDE CITY LIMITS?							
FUNERAL		h = 0				10f. ZIP CODE			-		
NE I	2500 B Creight	ton Avenu		ADMED	40.000						
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	YES 2	E □NO	If yes	, specify Cuban, Mexic	can, Puerte	ilN? (Specify Yee o Rican, etc.)	or No—		
8	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	184	a. DECEDENT'S	USUAL OCCUP	ATION	10	Sb. KIND OF BUS	INESS/INDU	STRY	
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5		life. Do NOT us	ie retired.)			Ret	•		
BE CO	17. FATHER'S NAME (First, Middle, Last) James A.	. Ma	rtin					_	Surname)	Mille	er
2	19a. INFORMANT'S NAME (Type/Print)							mber, City or Town	n, State, Zip (
	Mary McLarney						e Be	el Air,	Md.	212	34
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)				edral	1/4/91	1				Marvland
	21. SIGNATURE OF FUNERAL SERVICE LI	Milto	ALKA!	ight Jr	1.00			Balti	more.	Md.	21214
	23. PART i. Enter the diseases, of shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	RES	PIRAT	bry	FA	,	ch es ce	rdiec or reepi	ratory erre	st,	Approximate interval Between Onset and Des
NO NO	Sequentially list conditions,	" CHE	ואסרו	at of	Lui	06					YEAR
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	EM!	HYSE	MA							YEARS
ERTI	that initiated events resulting in death) LAST	d	(OR AS A CO	NSECUENCE OF	·);						
. 1	PART II. Other eignificent condition	ne contributing to	death but n	ot resulting i	n the underly	ring ceuse given in	Part i.				
PHYSICIAN: MEDICAL	CMRCIDAH	IA Of	K	1905	¥					0	OMPLETION OF CAUSE F DEATH?
ž										1 '	YES 2 NO
ᇹᆘ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28	PLACE OF DEATH (C	heck only o	one)			
is I	1 YES 2 NO	HOSPITAL:	ER/Outpatien	M 3 DOA		ome 5 Residence	8 🗆 Oth	er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D			URY	WORK?	28d. DE	SCRIBE HOW IN	JURY OCCU	RED	
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — A etc. (Specify)	t home, ferm, a	treet, factory, o	ffice	281. LO	CATION (Street er or Town, State)	S. BIRTTHPLACE (State or A Country) 1919 8. BIRTTHPLACE (State or A Country) 9c. COUNTY OF DEATH Harford 10d. INSIDE CIT LIMITS? 1	te Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CERTIFYING PHYSI CHECK EXAMINE	ICIAN: To the best of	my knowledge	o, death occurre	d at the time, d	ate end place, end du	to the ca	luse(e) end man	ner es stated	1.	
	29b. SIGNATURE AND TITLE OF CERTIFIE		2/2011-1-10		, and any opinion			e enu piece, enc			
TO BE	John H	Jan			0	DZO	795	5	29d. DATE :	- Z	fonth, Day, Year) 9 2
	Dr. John G. Vav	in M.D.	6212	York F		Baltimore	e, Ma	ryland			
	JAN 0 3 1992 Ju	sia Davidson	R'S SIGNATUR	IE .					-		

32. REGISTRAR'S SIGNATURE Davidson-Random

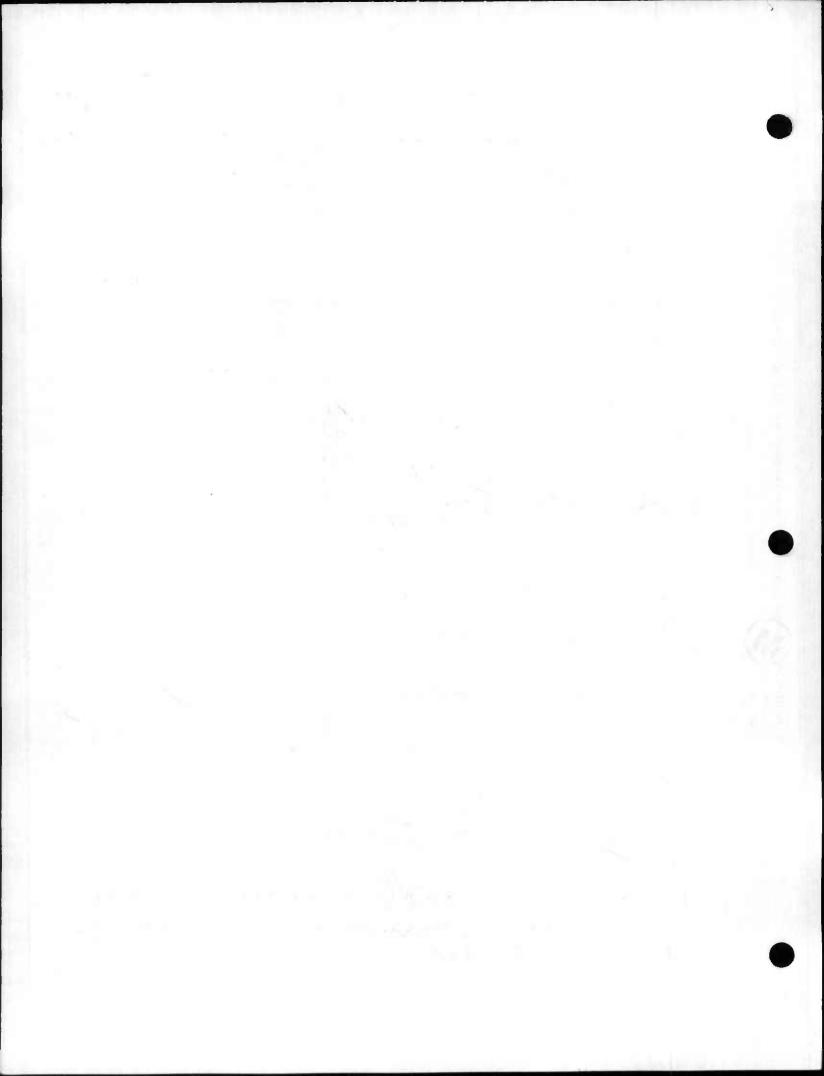


DIVISION OF VITAL RECORDS, B.A. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the second within 24 hours after death. Page 6 may be retained by the hospital or attention physician.
TO THE FUNERAL DIRECTOR: After this certificate has been separate by the formal principle of the fine within 72 hours after death with the State Debt, of Health and Mental Principle build cremation, or remaining the filed within 72 hours after death with the State Debt, of Health and Mental Principle build cremation, or remaining the filed within 72 hours after death with the State Debt, or Health and Mental Principle Building Companies.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR		FICATE OF			REG. NO.			
		ROBERT J. II	RWIN, JR.			JANU	ARY 1,		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 158-24-6293	the second secon	GE (In yrs. last birthda	MONTHS DAVE	IF UNDER 24 HRS	7. DATE	OF BIRTH	933	8. BIRTHPL	ACE (State or Foreign JERSEY
	9a. FACILITY NAME (If not institution, give s		30		OR LOCATION OF		12, 1		TY OF DEAT	
TOR	HOWARD COUNTY GE	ENERAL HOSP	ITAL		UMBIA			HOWA		
DIRECTOR	MARYLAND 10b. COUNT	HOWARD	10c. (COLUMBI.					10	DI. INSIDE CITY LIMITS? YES XX NO
FUNERAL	100. STREET AND NUMBER 5404 HILDEBRAND	COURT		11	or. ZIP CODE 21044	4			EN OF WHA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried XXX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 XXYI IF YES, GIVE WAR OF	ER IN U.S. ARMED ES 2 NO R DATES	If yes, s	CENDENT OF HIS pecify Cuban, Max S 2 XXO Spe	PANIC ORIGI	N? (Specify Yea Rican, etc.)		14. RACE — Black, W	American Indian, Vhita, atc.
	15. DECEOENT'S EDU (Specify only highest grade	ICATION completed)	16a. DECEDENT	T'S USUAL OCCUPAT of work done during m use retired.)	ON ost of working	166	o. KINO OF BUS	INESS/INDU		
COMPLETED	Elementary/Secondary (0-12) 12	College (1-4 or 5+)		MACHINIS		υ	J.S.NAV	Y		
BE CO	17. FATHER'S NAME (First, Middle, Last) ROBERT J. IRWIN,	SR.			18. MOTHER'S BETTY	NAME (First,	Middle, Maiden	Surname)		
70	19a. INFORMANT'S NAME (Type/Print) JUNE IRWIN	(WIFE)		NG ADDRESS (Street) 4 HILDEB						044
	20e. METHOD OF DISPOSITION 1 General States		20b. PLACE AND DAT cemetery, crematory of METRO CRE	E OF DISPOSITION /A		OAT	E 20c, LO	CATION — C	ity or Town,	
	21. SIGNATURE OF FUNERAL DERVICE LIC	CENSEE	HEIRO CKE	22. NAME A	ND ADDRESS OF	FACILITY				
	· Lunell	we gr	EL	1630						RAL HOMES
	1 23 DADT I Enter the diseases									,
	23. PART I. Entar tha diseases, or shock, or heart fallura. IMMEDIATE CAUSE (Final	List only one cause or	n aach Ilna.							Approximata Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final	List only one cause or	n aach Ilna.							Approximata Intarval Batween
NOIL	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions,	List only one cause or	n aach Ilna.							Approximata Intarval Batween Onset and Daath
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. A cute N DUE TO (OR A OUE TO (OR A	Ayo Cardie S A CONSEOUENCE	on: - Coro						Approximata Intarval Batween Onset and Daath
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AL CERTIFICATION	Snock, or near failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. A CULTE M DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d	A CONSEQUENCE SA CONSEQUENCE SA CONSEQUENCE A CONSEQUENCE	OF): - Coro	navy 1	trter	240. WAS AN	autopsy	24b. WE	Approximata Intarval Batween Onset and Daath WIN ACS
ICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. A CULTE M DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d	A CONSEQUENCE SA CONSEQUENCE SA CONSEQUENCE A CONSEQUENCE	OF): - Coro	navy 1	trter	îes	AUTOPSY MED?	24b. WE	Approximata Intarval Batween Onset and Daath WILL ACS
ICAL	Since, or near failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant condition that initiated events resulting in death) LAST	a. A CULTE M DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d	A CONSEQUENCE SA CONSEQUENCE SA CONSEQUENCE A CONSEQUENCE	OF): OF): OF):	navy f	In Part I.	24a. WAS AN PERFORI	AUTOPSY MED?	24b. WE	Approximata Intarval Batween Onset and Daath WILL ACS PRE AUTOPSY FINDINGS ALL ABLE PRIOR TO MOPLETION OF CAUSE
ICAL	Snock, or near failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	a. A CULTE M DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d	A CONSEQUENCE	OF): OF): OF): OF): 28. P	navy 1	in Part I.	24a. WAS AN. PERFORI 1 UYES 2	AUTOPSY MED?	24b. WE	Approximata Intarval Batween Onset and Daath WILL ACS
PHYSICIAN: MEDICAL	SHOCK, OF near failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A)	A CONSEQUENCE SA CONSEQUENCE A	OF): OF): OF): OF): 28. P OTHER: 4 Nursing Hor IME OF 28c. IM. NURY W	g cause given	in Part I. Check only or	24a. WAS AN. PERFORI 1 UYES 2	AUTOPSY MED?	24b. WE AM CO OF	Approximata Intarval Batween Onset and Daath WILL ACS
BY PHYSICIAN: MEDICAL	SHOCK, OF near failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMIMER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	a. DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. DUE TO (OR A HOSPITAL: 1 Inperlant 2 ER/O 28e. DATE OF INJUR	A CONSEQUENCE SCA CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Substitute of the same of the	OF): 28. P OTHER: 4 Nursing Hor NUTRY W 1	g cause given LACE OF DEATH (no 5 Residence DRK? YES 2 NO	in Part I. Check only or 28d. OEs	24a. WAS AN PERFORI 1 U YES 2	AUTOPSY MED?	24b. WE AMO CO OF 1 [Approximata Interval Batween Onset and Daath WILL ACS WYS ERE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Simmediate Cause (Final disease or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSICAL	B. DUE TO (OR A	A CONSEQUENCE SA CONSEQUENCE SA CONSEQUENCE SA CONSEQUENCE The but not resulting Substitute of the same of the sam	OF): - CO FO' OF): OF): OF): 28. P OTHER: 4 Nursing Hor IME OF 28c. IN. NURY W 1 1, street, fectory, office	g cause given LACE OF DEATH (ne 5 Residence JURY AT JURY AT	In Part I. Check only or 8 Other 28d. OES 281. LOC City us to the case	24a. WAS AN PERFORI	AUTOPSY MED? NO NUMBER OCCUPANT OCCUP	24b. WE AMOON OF 1 [Approximata Interval Batween Onset and Daath WALS WALS ALL ALLS ERE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	Simmediate Cause (Final disease or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daath) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) CERTIFYING PHYSICAL	B. DUE TO (OR A	A CONSEQUENCE SA CONSEQUENCE SA CONSEQUENCE SA CONSEQUENCE The but not resulting Substitute of the same of the sam	OF): - CO FO' OF): OF): OF): 28. P OTHER: 4 Nursing Hor IME OF 28c. IN. NURY W 1 1, street, fectory, office	g cause given LACE OF DEATH (ne 5 Residence JURY AT JURY AT	In Part I. Check only or 28d. OES 281. LOC City us to the cau be time, data	24a. WAS AN PERFORI	AUTOPSY MED? JUNRY OCCU	24b. WE AM COOP 1 [Approximata Interval Batween Onset and Daath WALS WALS ALL ALLS ERE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 1 Neturel 1 Net	B. DUE TO (OR A	S A CONSEQUENCE SCA CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting S A CONSEQUENCE The bu	OF): OF):	g cause given LACE OF DEATH (ne 5 Residence JURY AT YES 2 No se and place, and deleth occured at to	In Part I. Check only or 28d. OES 281. LOC City us to the cau be time, data	24a. WAS AN PERFORI	AUTOPSY MED? JUNRY OCCU	24b. WE AM COOP 1 [Approximata Intarval Batween Onset and Daath WILL ALS WYS ERE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO

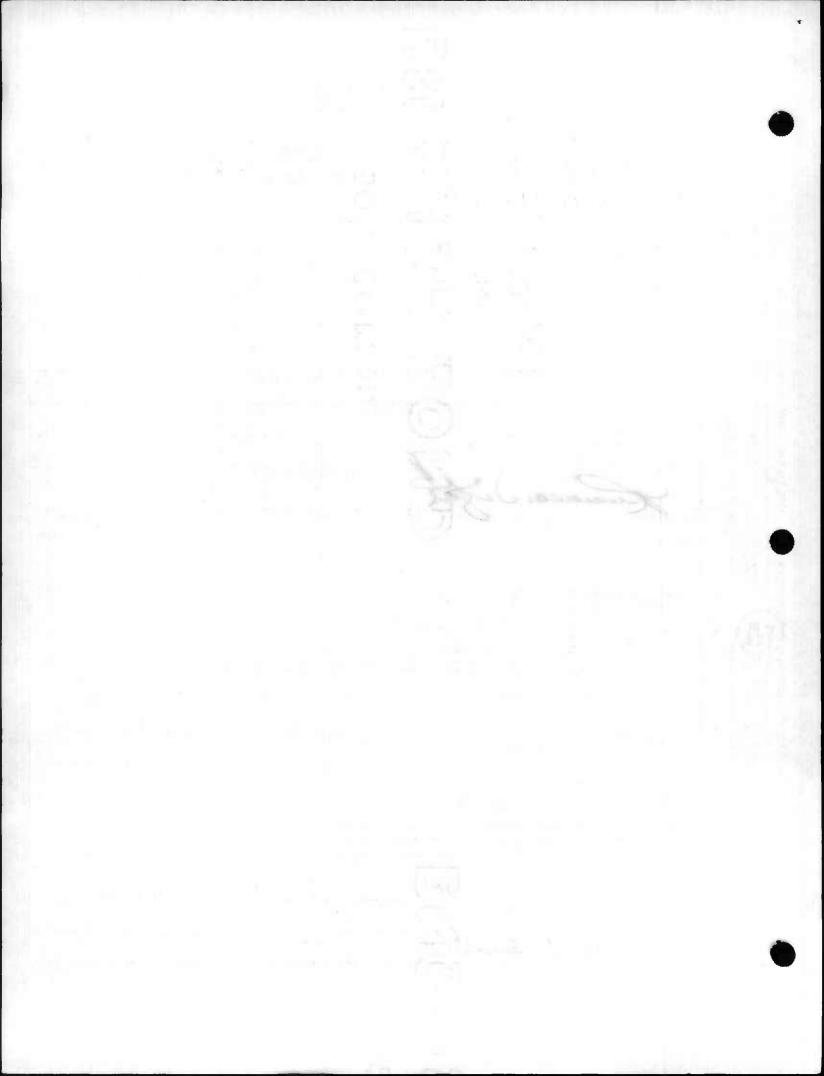
Julie Savidson-Render

JAN 0 3 1992



BALTIMORE, MARYLAND	hours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. 80X 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the department of the median of the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been accorded by the adventmental and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Deet, of Health and Membergham Local burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

DECEDENT'S NAME (First, Middle, Last		ERIK	А Н. КО	NOW		MONTH	DA	AY as	
COCKL CECURITY NUMBER	Lenev								4:25 P.
	1 1			MONTHS DAYS	HOURS MIN.	(Month Na	w Wart		Country)
	- 400	82	11101	Sh CITY TOWN	OR LOCATION OF D		10,1	-	
ST. JOSEPH HOSP		A 1	14			- CATH			
TOTAL CONTRACTOR OF THE PARTY O	ŢΥ		10c. CI	TX.,TOWN OR L.D.C.	ATION				10d, INSIDE CITY
MARYLAND	3 11		-	4.	BALTIM	ORE			A4
109 STREET, AND NUMBER		101		1	01. 710 CODE			10g. CITIZE	N OF WHAT COUNTRY?
	AVENUE	_		16.5	21214				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 XXWidowed 4 Divorced	FORCES?	1 YES	2XXNO	II yes, s	specify Cuban, Mexic	an, Puerto Rica		or No—	4. RACE — American India Black, White, etc. Specify: WHITE
			16a. DECEDENT'S	S USUAL OCCUPAT	TION	16b. Kil	ND OF BU	SINESS/INDU	STRY
Elementary/Secondary (0-12)		+)	life. Do NOT	work done during r use retired.)	nast or working				
8			HOMEMAK	ER			OWN	HOME	
17. FATHER'S NAME (First, Middle, Last)			C.						
	rz		-						
	(DAITO	رطفاسانا	200						
	106. CCINATY 106. CIDX, TOWN OR IDCATION 106. CIDX, TOWN OR IDCATION 107. TODE 1								
	moval from State					1			
	ELTON AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — Americal Profices? 1 Yes 2/X/NO 11 Yes 2/X/NO Yes 2/								
	1								
N		,>	40						
		3	Le .	1630	EDMONDSC	N AVEN	UE,C	ATONS	VILLE, MD.21
23. PART I. Enter the diseases, o	r complications th	at cadsed	the death. Do	1630	EDMONDSC	N AVEN	UE,C	ATONS	VILLE, MD . 21 at, Approximent interval B
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	tached for use as the burial-transit permit. Pages 1, 2, 3 should		ice.
AL UN ALLENDING PRINCIPLY. THE NAME INCOME. OF COURSE OF	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	f item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL OR ALLENDING CRISIONAL	L DIRECTOR: After this certificate	2 hours after death with the State	f Item 28 is marked, or Item 23 shows

FOR	STATE OF MAR	IYLAND /	DEPARTM	ENT OF	F HEAL	TH AND I	MENTA	L HYGIEN	iE	92	0002
REGISTRAR											
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	A								1	92	SERTHPLACE (State or Foreign Country) KOTEA OF DEATH Ind. INSIDE CITY LIMITS? I TYES 2 NO EN OF WHAT COUNTRY? TEA. 18. RACE — American Indian, Black, While, atc. Specify: Orienta. Orienta. STRY Description of Country and Co
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7. FATHER'B NAME (First, Middle, Last)					16. 9			Middle, Maiden	Sumame)	S. BIRTHPLACE (State or Forei Country) S. BIRTHPLACE (State or Forei Country) KOTEA 9c LOUIS OF DEATH N/A 10d. INSIDE CITY LIMITS? 1 Yes 2 N 10g. CITIZEN OF WHAT COUNTRY? KOTEA or No— 14. RACE — American Indian Black, While, etc. Specify: Orients INESS/INDUSTRY Surname) 15. State, Zip Code) Md. 21224 AATION — City or Town, State timore, Maryland Homes Maryland 21227 retory arreat, Approximate Interval Bell Onset and Ons	
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90. INFORMANT'S NAME (Type/Print) WOO K. Yi		19b.					MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 7. DATE OF BIRTH (Morth, Pay, Year) 8. BIRTHPLACE (State County) 8. COURTY 9c. LOUIS: OF DEATH N/A 10d. INSIDE 10g. CITIZEN OF WHAT COUNT KOTEA PANIC ORIGIN? (Specify Yee or No— Idean, Puerto Rican, etc.) 10b. KIND OF BUSINESS/INDUSTRY HOME NAME (First. Middle, Melden Surname) TOWN 10b. KIND OF BUSINESS/INDUSTRY HOME NAME (First. Middle, Melden Surname) TOWN 11c. RACE — American Black, White, etc. Specify: Oric 12d. RACE — American Black,	24			
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					26. PLACE	OF DEATH (C)	heck only c	ine)			
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAN LOCKORD LOCK SOOT LOCK SOOT LOCK LOCK SOOT SOOT SOOT SOOT SOOT SOOT SOOT SOO											
7. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIME OF	F 28c	c. INJURY	AT	26d. DE	SCRIBE HOW	INJURY O	CCURED	
	(MOKII, Day, I.	Barj	moor			2 🗌 NO					
STATE REGISTRAR CECEDENT* N*ME (First, Middle, Last) Bok Soon Lee OCIAL SECURITY NUMBER 2 1 4 78 4 980 1 M 2 M 2 M 2 M 2 M 2 M 3	JURY — At hor (Specify)	me, ferm, stree	it, factory,	office		281, LOI C/t)	CATION (Street or Town, State	and Number	er or Rural	l Route Number,	
(Check only											e(a) and manner as state
296. SIGNATURE AND TITLE OF CERTIFIER					290	LICENSE NU	MBER		29d. DA	TE GIGNE	ED (Month, Day, Year)
-057/om	Mis				1	7181	741	1	15	6/1	ion 2 19
30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITE	M 27) (Type, Pri	me)_	me	7	l L		6	1/4/	
31 DATE FILED (Month, Dens Year)		RIBARATURE	118	mi	10-						
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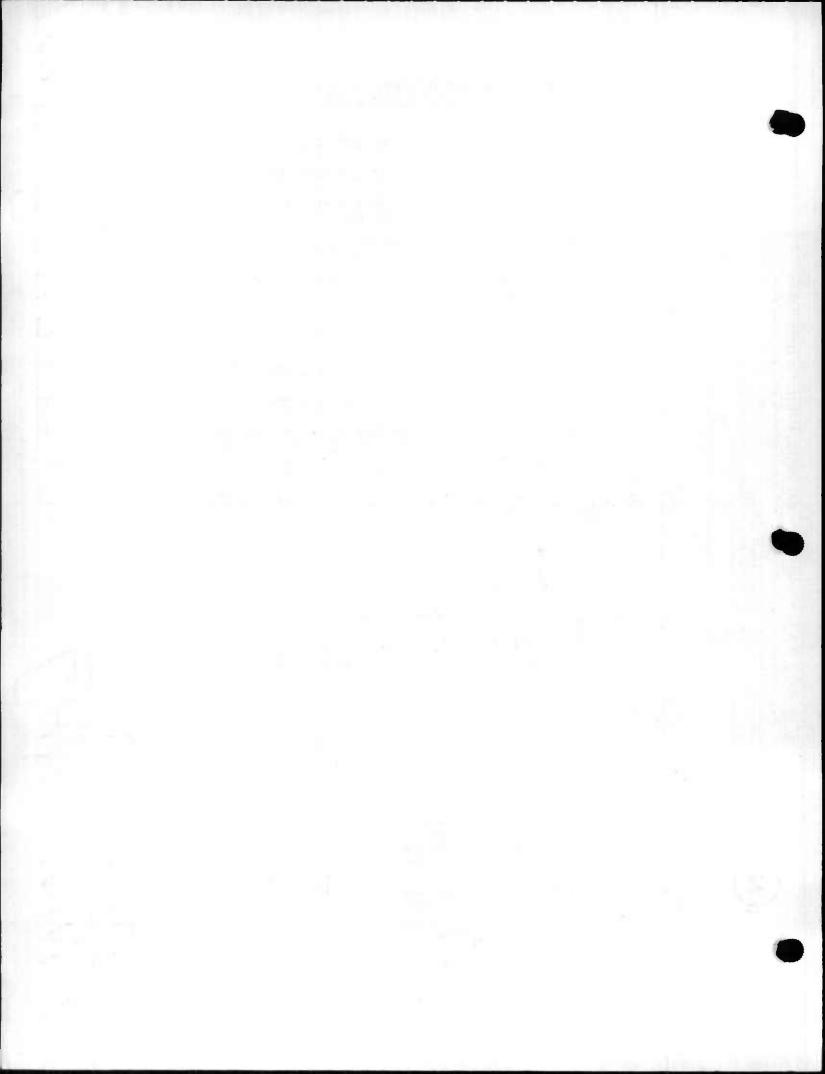
NEAL DIRECTOR: After this certificate that the death certificate be executed within Aurs after death. Page 6 may be retained by the hospital or attending physician. NEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should him 24 them 98 is not a supervised by the action of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

NT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

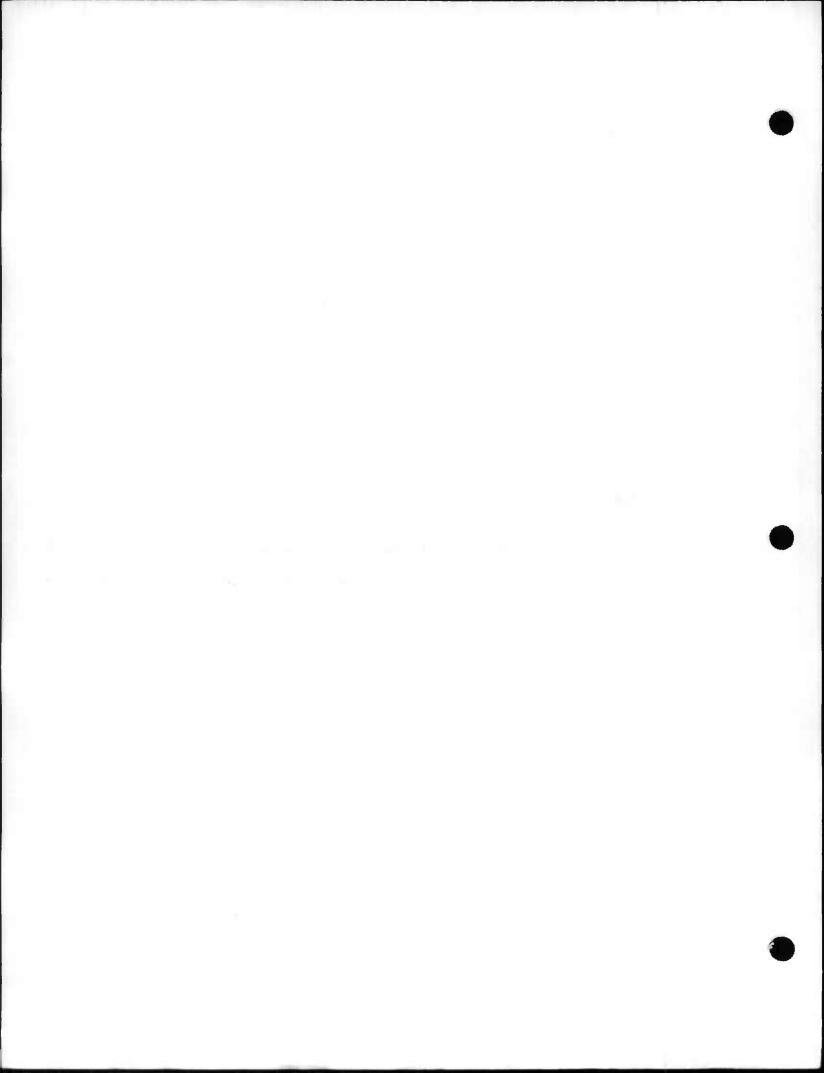
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D				3. TIME OF DEATH
	Alice	NMN	Listop	ad						MONTH 0.1		. 4		м
	4. SOCIAL SECURITY NUMB		6. SEX	6. AGE (In yrs. last	birthday)	IF UNDER			R 24 HRS.	7. DATE OF B	IRTH		6. BIRTI	PLACE (State or Foreign
	213-09-3663		1 🗌 M 2 🔀 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	09 2	8 1	1900	year 1992 o. BIRTHPLACE (SI COUNTY) LITHUANI COUNTY OF DEATH 10d. INS: LIMI 1 LIVE g. CITIZEN OF WHAT COU LITHUANIA o- 14. RACE - Ameri Bleck, White, e Specify: Whi SS/INDUSTRY ON - City or Town, State idge, Howard o, Md. 2122 neral Chape ry errest, Ap	nuania
	9e. FACILITY NAME (If not in	stitution, give at	treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH	TH DAY YEAR 1 02 1992 c of BIRTH th, Day, Year) 28 1900 Lithuania 9c. COUNTY OF DEATH 22 10d. INSIDE CITY LIMITS? 1	DEATH		
E I	6719 Robert	s Ave				Pal	time	oro	MA	21222				
5	RESIDENCE OF DEC	Be cry, town or location of Death Derts Ave Derts Ave Derts Ave December 106. County December 106. December 106												
DIRECTOR	10e. STATE	10b. COUNTY	1											10d. INSIDE CITY LIMITS?
	Maryland				P	Balti	more	9						1 YES 2 NO
₹	10e. STREET AND NUMBER						10	1. ZIP COL	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	719 Roberts	Ave.					1	21222	2			Lit	huar	nia
2	11. MARITAL STATUS											or No-	14. RAC Blec	E — American Indien, ik, White, etc.
BY	3 Wildowed 4 Dive		IF YES, GIVE V	MAR OR DATES									Spec	1
		He play	DATION .	40. 00			00/10/17	041		451 1/10	0.05.011		DUIGTON	wnite
COMPLETED	(Specify onl	y highest grade	completed)	(Gi	ve kind of	work done	during m	ost of work	ing	160. KIN	D OF BU	SINESS/IN	DUSTRY	
2	Elementary/Secondary (6	1-12)	College (1-4 or 5	+)										
N N		ticida Last		I NO	use	wiie		10.1400	THEB'S NA				-	
8	William		20								u, maruori	Surriemej		
BE	19a. INFORMANT'S NAME (Mortin	101	MAI IIAM	ADDRES	e /Ctmat				No. of Tour	m State 7	in Code)	
2		,, ,	3				-		or nures	noute remote, c	aty or row	rr, State, 2	p 0000)	
	200 METHOD OF DISPOSIT		oad						meton, or		200 10	CATION	City or T	own State
	1 Suriel 2 Crematic	on 3 🗆 Rem	oval from State	other ple					melory or					
			CENSEE	- 1				4	ESS OF FA	CILITY			90,11	oward, Ha.
	-11	0	011)	. /	1						Ba1	to	МД	21224
	Man	60	(nos	nach	T.		Da	brow	ski-	Choina	cki_	Fune	ral	Chapel P.A.
rion	IMMEDIATE CAUSE (Fildiseese or condition resulting in death) Sequentially list condit if any, leading to imme	nal →	a. dehyo		DUENCE C									Onset and Deeth
EDICAL CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS		a. ?abo	frition / OR AS A CONSEC LOM; NA			79							
اد	PART II. Other algolitics	ant condition	s contributing to	deeth but not r	esulting	in the u	nderlyir	ng ceuse	given in	Part I. 24			24	b. WERE AUTOPSY FINDINGS
2	o besit, H	7								11				COMPLETION OF CAUSE
MED	anging													1 YES 2 NO
	HTN												Ind. INSIDE CITY LIMITS? 1	
IA	25. WAS CASE REFERRED 1	TO MEDICAL					26. F	LACE OF	DEATH (C	heck only one)				
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 - Nu	R: ming Ho	me 5 X	Residence	6 Other (S)	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 2 Accident	Pending Investigation	28s. DATE O	F INJURY Day, Year)	28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. OEŞCRI	BE HOW	INJURY O	CCURED	
		Could not be determined		OF INJURY — At he , atc. (Specify)	me, farm,	street, fac	ctory, offi	ce			ON (Street own, State		er or Rural	Route Number,
COMPLETED	CONSTRUCTION OF THE STATE OF TH		ICIAN: To the best of											(e) and manner ee stated.
BE	296. SIGNATURE AND TITL	of CENTIFIE	А					29c. LI	CENSE NU	MBER O		29d. D/	TE SIGNE	D (Month, Day, Year)
	Janel 1	ulle	0					D	40	298			1/2	192
5	30. N. ME AND ADDRESS C		10 COMPLETEO CAL	JSE OF OEATH (ITE	M 27) (Typ	e, Print)								
	Janet Viłt		M.D.											
	31. DATE FILED (Month, Day		32. REGISTR	AR'S SIGNATURE										
	JAN U 3 199	36 7	min handa		, .									



STATE OF MARYLAND / DEPARTMENT OF HEALT	TH AND MENTAL HYGIENE
CERTIFICATE OF DE	ATH REG. NO.

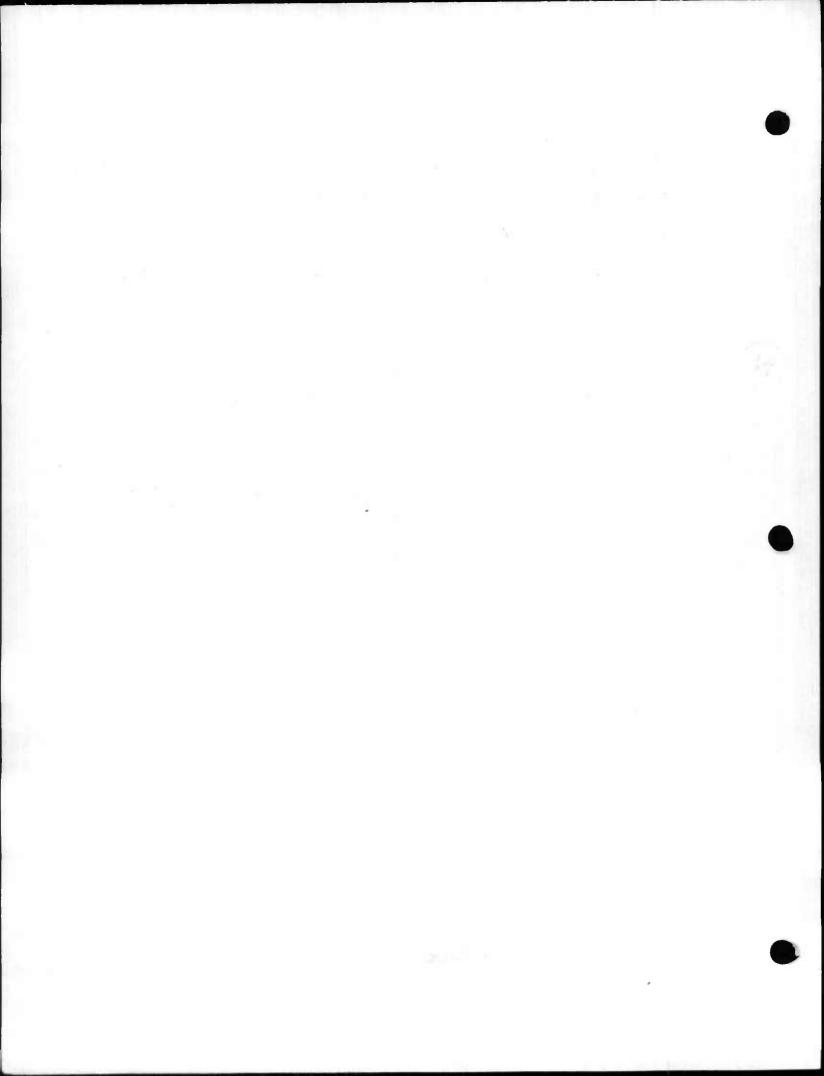
92	0	0	0	3	
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			ENTAL HYGIENE REG. NO.	9	2 00031			
	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH MONTH DAY	r YEAI	3. TIME OF DEATH			
	MELVIN	Van	LEEUWEN			1-1-1992		6:35 A.M			
	4. SOCIAL SECURITY NUMBER	75	M	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)			
	219-16-7766	1 X M 2 □ F 66	YRS.			2-27-192		ryland			
œ	9a. FACILITY NAME (If not institution, give st	reet and number)	9		R LOCATION OF DEA	тн	9c. COUNTY O				
5	3522 Jo Ann Dr.			Millfo	u		Baltimore				
E	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI	ON		10d. INSIDE CITY LIMITS?				
ā	Maryland		Bal	<u>timore</u>			1 X YES 2 NO				
RA	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL DIRECTOR	5914 Walther Ave.	12. WAS DECEDENT, EVER IN	IIIS ARMED	13 WAS DECE	21206	C ORIGIN? (Specify Yee	U.S.A.				
	1 Never Merried 2 X Married	FORCES? 1 X YES	2 NO	If yes, spe	cify Cuben, Mexican, 2 NO Specify:		Black, White, etc. Specify:				
B	3 Widowed 4 Divorced	WII		" " "	Х			nite			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wor	k done durina mos	N t of working	16b. KIND OF BUS	INESS/INOUSTR	Y			
Ę	Elamentary/Secondary (0-12)	College (1-4 or 5+)	Plumbe								
MC	8 Yrs. 17. FATHER'S NAME (First, Middle, Last)		FIGHDE	· · · · · · · · · · · · · · · · · · ·	18. MOTHER'S NAM	E (First, Middle, Meiden	Surname)				
Ö	Theodore Van	Leeuwen			Ada	Evans	·				
) BE	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town	, State, Zip Code)			
2	Cathy A. Knott		5914 Wal	ther Ave.	, Balto.,	Md. 21206					
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remo	ovel from State	other place)				CATION — City o	CACACA HITTAG			
	4 Donatton 5 Other (Specify) Parkwood Cemetery 1-4-92 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	Roy H. Cather Roy H. Cather Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214										
			the death Do no					Balto.,Md.21214			
	ahock, or heart failure.	ahock, or heart fallure. List only one cause on asch lina.									
	IMMEDIATE CAUSE (Final disesse or condition	METERTA	TIC Saus	mars C	Su CANS	inna 6	MARIA	x Generalles			
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	71017 9	ecc come	, ,	n-i-y-v	77.6017.405			
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death) A METHSTATIC Squamors Cell Cancinoma, Phalynx Due to (or as a consequence of): Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):										
ATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
FIC.	CAUSE (Disesse or Injury	CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST										
	G. DADT II Other significant conditions contribution to death but act and the last the second state of the										
AL	PERFORMED? AMAILABLE PRIOR TO										
	PART II. Other significant condition	s contributing to death b	ut not resulting in	tha undarfying	csuse given in F	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	PART II. Other significant condition	s contributing to death b	out not resulting in	tha undarlying	csuse given in F	Part I. 24a. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDIC	PAH II. Ottar significant condition	s contributing to death b	out not resulting in	tha undarlying	csuse given in F	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	csuse given in F	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDIC		HOSPITAL:		26. PL		PERFOR 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		26. PL OTHER:	ACE OF OEATH (Che	PERFOR 1 YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	26. PL DTHER: I Nursing Hom OF 28c. NJ WO 1 1 1	ACE OF OEATH (Che 5 Residence 1 URY AT RK? ES 2 NO	PERFOR 1 YES 2 ck only one) 8 Other (Specify) 28d. DESCRIBE HOW I	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Out	Datient 3 DOA 4	26. PL DTHER: I Nursing Hom OF 28c. NJ WO 1 1 1	ACE OF OEATH (Che 5 Residence 1 URY AT RK? ES 2 NO	PERFOR 1 YES 2 ck only one) 8 Other (Specify)	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	26b. TIME INJUI	26. PL DTHER: Nursing Hom OF 28c. th3.1 RY WO 1 1	ACE OF OEATH (Che 5 Fresidence 1 RX17 RX2 ES 2 NO	PERFOR 1 YES 2 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State)	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Out; 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	26b. TIME INJUI	26. PL OTHER: Nursing Hom OF 28c. tHJ. WO 1 \(\) WO at the time, date	ACE OF OEATH (Che 5 Residence : 1 NO 1	PERFOR 1 YES 2 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(e) end man	NJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	26b. TIME INJUI	26. PL OTHER: Nursing Hom OF 28c. tHJ. WO 1 \(\) WO at the time, date	ACE OF OEATH (Che 5 Residence 1 JEY AT RK? ES 2 NO end place, end due seth occured at the 1 29c. LICENSE NUM	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(e) end maintime, deta end place, en	NJURY OCCURE and Number or Re	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Was Route Number, Use(a) and manner as stated. INED (Month, Day, Vear)			
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spe	26b. TIME INJUI	26. PL OTHER: Nursing Hom OF 28c. tHJ. WO 1 \(\) WO at the time, date	ACE OF OEATH (Che 5 Residence 1 JEY AT RK? ES 2 NO end place, end due seth occured at the 1 29c. LICENSE NUM	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(e) end maintime, deta end place, en	NJURY OCCURE and Number or Re	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Was Route Number, Use(a) and manner as stated. INED (Month, Day, Vear)			
E COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 0. NAME AND ADDRESS OF PERSON WH	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28c. PLACE OF INJURY building, atc. (Spe ICIAN: To the best of my know R: On the beele of examination R UM IO COMPLETED CAUSE OF DE	26b. TIME 26b. TIME INJUI 7 — At home, farm, str. city) riedge, death occurred in end/or investigation,	26. PL DTHER: DNursing Hom OF RY M 28c. thJ WO 1 1 1 1 1 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4	ACE OF OEATH (Che 5 Residence 1 DRY AT RK7 YES 2 NO end place, end due eath occured at the 1 29c. LICENSE NUM 28/3	PERFOR 1 YES 2 1 YES 2 1 YES 2 28 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(e) end maintaine, data end place, end BER	NJURY OCCURE and Number or Re nner ee stated. and due to the ceu	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO No International Process of the Completion of the Completio			
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturat 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28c. PLACE OF INJURY building, atc. (Spe ICIAN: To the best of my know R: On the beele of examination R UM IO COMPLETED CAUSE OF DE	Detient 3 DOA 2 26b. TIME INJUI 7 — At home, farm, stroitly on end/or investigation, and an end/or investigation, and an end/or investigation.	26. PL DTHER: DNursing Hom OF RY M 28c. thJ WO 1 1 1 1 1 2 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4	ACE OF OEATH (Che 5 Residence 1 DRY AT RK7 YES 2 NO end place, end due eath occured at the 1 29c. LICENSE NUM 28/3	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW I 28t. LOCATION (Street City or Town, State) to the cause(e) end maintime, deta end place, en	NJURY OCCURE and Number or Re nner ee stated. and due to the ceu	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Was Route Number, Use(a) and manner as stated. INED (Month, Day, Vear)			



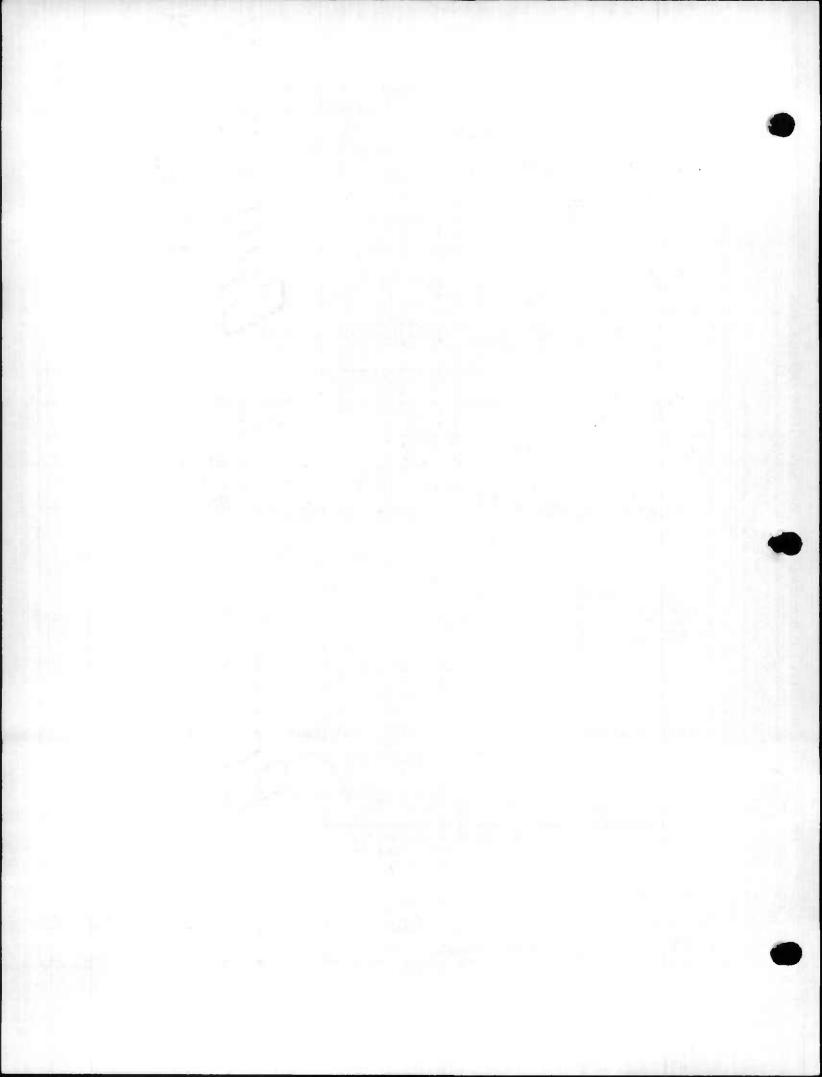
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR	ERTIFIC	ATE OF	DEATH	REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME DF DEATH			
	MARGARET LIPTRAP				MONTH .	2/92	YEAR			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	and thirdholand and	UNDER 1 YEAR	- 0.00			0650 A M			
	218-12-2678 10M2 VF 2	/ MC	MTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)			
	0210 101010	YRS.			01/11	/15	NEW YORK			
_	9a, FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOWN (OR LOCATION OF D	EATH	9c. COUNT	TY OF DEATH			
6	OT HONES HOSPITAL		BAH	imorE						
5	RESIDENCE OF DECEDENT		DAII	111.01 6						
뿐	10a. STATE 10b. COUNTY	10c. CITY, T	OWN DR LOCAT	IDN			tod. INSIDE CITY			
ᅙ	MD BAHIMORE	1					LIMITS?			
7	104. STREET AND NUMBER		101	. ZIP CODE		TAN OUTUTE				
2	I ALL BALLIMAGE ST		"	101. ZIP CODE 109. CITIZEN DF WHAT CDUNTRY?						
쀨	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A.			dldu	D+ USA					
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. A FDRCES? 1 YES 2		13. WAS DEC	ENDENT OF HISPAI	NIC DRIGIN? (Specify) in, Puerto Rican, etc.)	es or No- 1-	4. RACE — American Indian, Black, White, etc.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		1 TYES	2 ND Specif	y:		Specify:			
	- State of the sta						White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. D	ECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF B	USINESS/INOUS	STRY			
ᄪ	Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of work e. Do NOT use re	etired.)	st or working						
립	5 H	SMEN	TAKER		1					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		111-61		ME (First, Middle, Maide	o Commercia				
	John Farrish			010	C I I St. MIDDIE, MEIO	Q .	0.1.			
BE				DIAN	che	Dur	1160			
2		96. MAILING AD	DRESS (Street e	nd Number or Rural	Route Number, City or R	wn, State, Zip C				
	Edith Lindemon	6014	BAH	Im ore	St. Ba	Ito. Mr	0.21207			
		ANDDATEOF		me of	OATE 20c. I	OCATION - CIT	ty or Town, Stata			
	A Departure & Departure	ALAE	PACK (1emeter	11/4 /	WHIN	nore Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	mine		D 4000000 OF E4	Ou em					
	* Xx+1000 7 Tolor			5311 1	Edmond	ion Ai	Je.			
	DAVID J. WEBER F.H									
	23. PART I. Enter the diseases, or complications that caused the disease fellows I let an in the state of the	eath. Do not	enter the mo	de of dying, suc	h as cardlec or res	plratory arrec	et, Approximate			
	anock, of freatt failure. List only one cause on each lin	a.					Interval Batween			
	IMMEDIATE CAUSE (Finel disease or condition	- 0	0 71				Onset end Death			
	resulting in deeth) - e. CTTT & FUL. CALIMA									
- 11	DUE TO (DR AS A CONSE	QUENCE DF):								
ᇫᆘ	Sequentially list conditions b.									
ĔI	Sequentially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING									
<u> </u>	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
토	resulting in deeth) LAST									
ၓ။										
ᅰ	PART II. Other eignificant conditione contributing to deeth but not	resulting in t	he underlying	cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
EDICAL					100	PRMED?	AVAILABLE PRIDR TO COMPLETION DF CAUSE			
					1 TYES	2 NO	OF DEATH?			
Σ							1 YES 2 NO			
z I										
ਨੇ 🛮	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)					
ड़ें	1 YES 2 NO 1 NO		THER: Nursing Home	5 Residence	5 Other (Specify)					
PHYSICIAN: MI	27. MANNER OF DEATH 26s. DATE OF INJURY	28b. TIME OF	28c. IN.II		28d. DESCRIBE HOW	IN ILIDY OCCUI	PED			
	1 X Natural 5 Pending (Month, Day, Yeer)	INJURY	WOI	RK? ES 2 ND	EGG. DEGGMBE NOW	INDON'I OCCOR	NED.			
┢	2 Accident Investigation									
	3 Suicide 5 Could not be detarmined 25e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, stree	t, factory, office		2ef. LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
	- Cartaninian									
COMPLETE	29a. CERTIFIER (Check only t CERTIFYING PHYSICIAN: To the best of my knowledge, do	ath occurred at	the time date	and place, and due	to the enumeric and m					
2	one) 2 MEDICAL EXAMINER: On the basis of examination and/or	Investigation In	my onlylon de	ath occurred at the	time data and slave	miner as stated.	,			
გ ⊪			· my opinion, de	an occared at the	time, data and place, a	nd dus to the c	:ause(a) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER		SIGNED (Month, Day, Year)			
o IL	Ollowdeller mo					D /-	2-92			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITE	M 27) (Type, Prin	nt)							
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	JAN 0 3 1992 Julia Davidson Rando									
	and a look land and the land to						1			



or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR AT EN TO THE FUNERAL ORECTRE De Shed within 72 hours and IMPORTANTE IT them 28 FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR		CERT	IFICALE	OF DEAL	Н	REG. NO)				
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
douise	Moon L	ouise M	oon			11 11		92 755 A. M			
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthd				7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)			
227-22-7231	1 M 2 F	87 YR	S. MONTHS	DAYS HOURS	MIN.	3/2/190	4 1	LEESVILLE, VA			
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN OR LOCATIO	N OF DE		9c. COUNTY OF DEATH				
JENKINS MEMOR	TAT.		B	ALTIMOR	RE.						
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUN	TY	10e.	CITY, TOWN O	R LOCATION				10d. INSIDE CITY LIMITS?			
MARYLAND				BALTIMORE							
10e. STREET AND NUMBER	10e. STREET AND NUMBER					10f. ZIP CODE 10g. CITIZEN OF 1					
4107 FAIRVIE		1 2	21216 USA								
11. MARITAL STATUS				IIC ORIGIN? (Specify Ye	s or No-	14. RACE — American Indian,					
1 Never Married 2 Married	FORCES? 1					n, Puerto Rican, etc.)		Black, White, etc. Specify:			
3 X Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: BLACK											
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						16b. KIND OF BU	JSINESS/IND	DUSTRY			
Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NO	OT use retired.)	uning most or working	V						
17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NA	ME (First, Middle, Maide	n Surneme)				
HENRY PARKER	,			SIIS	MAZ	PARKER					
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	LING ADDRESS	(Street and Number	or Rural F	Poute Number City or To	wn, State, Zip	Code)			
WINIFRED SMIT	PH H	410	7 FAI	RVIEW	AVE	NUE BALT	IMOR	E, MD 21216			
20e. METHOD OF DISPOSITION		20b. PLACE OF DIS	SPOSITION (Nat	ne of cemetery, crem	etory or	ry or 20c. LOCATION — City or Town, State					
1 XBuriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	1 XBurial 2 Cremetion 3 Removal from State			AT DAR	THE THE PERSON AND AND AND AND AND AND AND AND AND AN						
4 Donation 5 Other (Specify) KTNG MEMORIAL PARK 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							111111	orm, minimum			
V11 71	010.	0-1-	LE	ROY O.	DYI	ETT & SO	N FU	NERAL HOME			
DUTOU	C. NU					Y HEIGHT					
23. PART I Enter the disease, or complications that beused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF)											
Sequentially list conditions, if sny, feeding to immediate	Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):										
cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury											
that initiated events	DUE TO (OF	AS A CONSEQUENC	E OF):								
resulting in death) LAST	d										
DART II Other elevitions conditi			t- at	district	t	0-11 1-1 11-1					
PART II. Other significent conditi	ons contributing to de	eth but not resulti	ng in the un	denying ceuse g	jiven in	PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
						1 TYES	2 NO	COMPLETION OF CAUSE OF DEATH?			
						1 🗆 YES 2 🗆 NO					
				100							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	28. PLACE OF D	EATH (Ch	eck only one)					
1 TES 2 NO	1 Inpatient 2 Ef	R/Outpatient 3 🗆 DO			sidence	8 🗆 Other (Specify)					
27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY 28b.	TIME OF	28c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CURED			
1 Natural 5 Pending 2 Accident Investigation		,	М	1 YES 2	NO ·						
3 Suicide 8 Could not b	28a PLACE OF III	NJURY — At home, fa	rm, street, fact	ory, office				r or Rural Route Number,			
4 Homicide determined		(500.9)				City or Town, Stat	~,				
29e. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my	knowledge death as	curred at the t	me date and alar-	and do-	to the cause(a) and -	enner en et	ted			
enel enel								he ceuse(a) and manner as stated.			
			, iii iiiy 0								
296. SIGNATURE AND TIPLE OF CERTIF	IER OW			29c. LICE	ENSE NUI	MBER ()	29d. DAT	TE SIGNED (Month, Day, Year)			
W- June	010			1).	20	182	/	12110			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE				, ,			1.0 21220			
WILLIAM M	RUSSELL I		600 S	.CATON	A	ve BA	210	MD 21229			
31. PATE FILED (Menth, Day, Year)	32. REGISTRAR'S					170					
1 0411 0 0 133/	TUNE DALHAMA	Manda 92									



page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

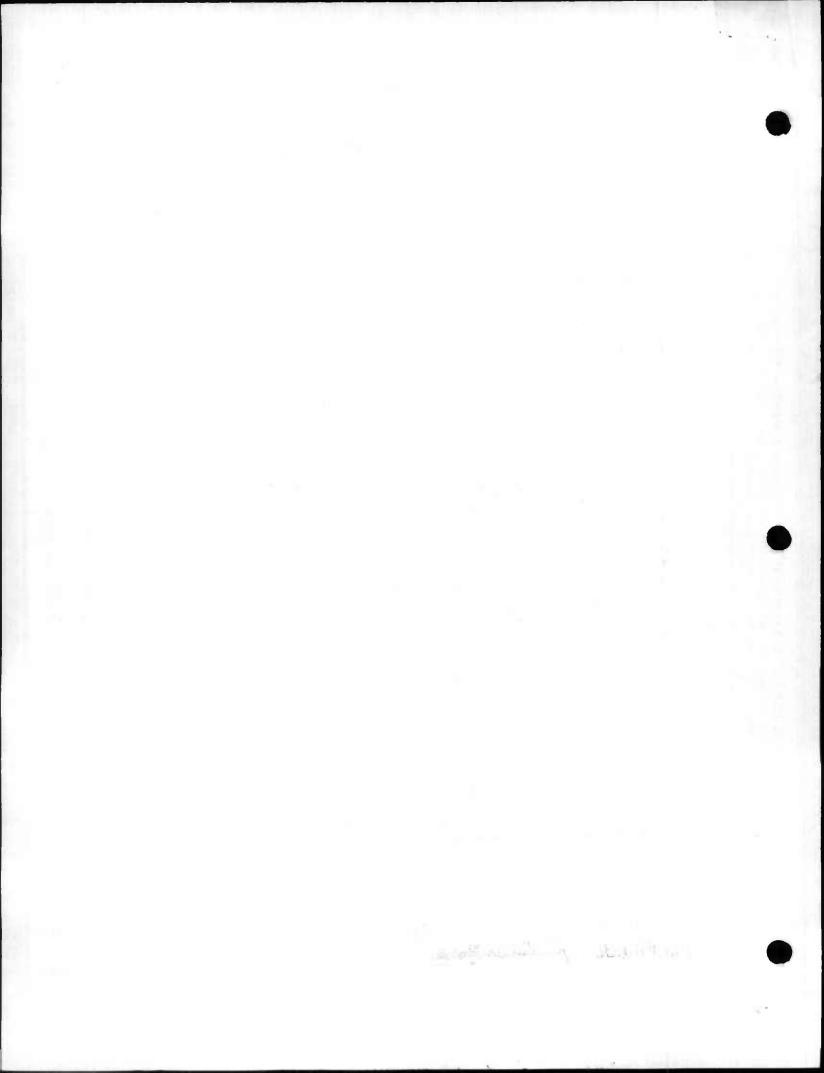
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DALLIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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	24 h	filled ion,	he
ŝ	rithin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	II,
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DIVIDION OF WITHE ALCOHOS, P.O. BOX 60/00,	E N	State	Item
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	JR AT	IREC Durs	ma
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1992 Corrine Pridgeon 1-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1–13–28 IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 404-28-6121 63 DAYS 1 M 2 F YRS. 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH Francis Scott Key DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY Baltimore 10e. STATE 10c. CITY, TOWN OR LOCATION ROSEGALE 10d. INSIDE CITY 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8414 Avery Rd. 21237 USA 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Merried 2 M Married BY 1 TYES 2 1 NO Specify Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) 8 Waitress Carsons 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) Walter Holland Hattie Sturgill notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8414 Avery Rd. Balto. MD 21237 2 Charles Pridgeon Sr. pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1)C Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) tery, crematory or other place)
Gardens of Faith 1-4-92 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY CVACH ROSES ALES U 12-11 CNESACO AVE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate ahock, or heart failure. Llat only one cause on each line. Interval Between IMMEDIATE CAUSE (Finai Onset and Daath the disease or condition Hernorthage Intra Cranial Zhrc reaulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) Atrial Fibrillation traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta reaulting in death) LAST 10 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE item 23 shows any 1 - YES 2 -1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Reeldenca 6 | Other (Specify) tient 2 - ER/Outpatient 3 - DOA 0 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED marked, 28b. TIME OF 1 Natural 5 Pending Investigation .0 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office 50 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 🔲 Homicide 28 tem 29e. CERTIFIER
(Check only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. = 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 2 PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

Who

32. REGISTRAR'S SIGNATURE

Davidson



BALTIMORE, MARYLAND 21215-0020

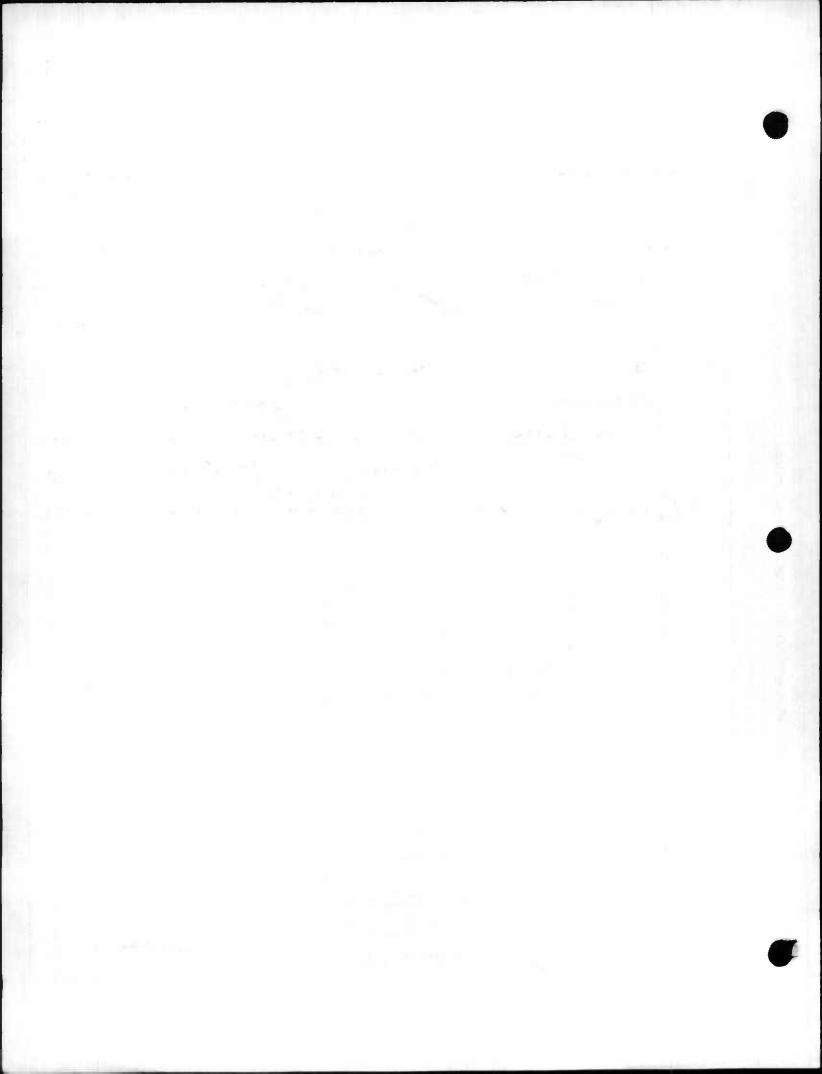
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	1 - FOR STATE OF MARYLAND / DEPAR REGISTRAR CERTIF	RTMENT OF HEALTH AND TICATE OF DEATH							
	1. DECEDENT'S NAME (First, Middle, Last)	TOATE OF BEATTI	REG. NO.	A TIME OF BEATH					
	HARTA P PETRO TINA M.	ARIA PETED		YEAR 9:27 PM					
	4. SOCIAL SECURITY NUMBER 5. SEX . AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.							
	152-18-3262 10 M2 DF 60 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give street and number)		11/27/3/	New York					
Œ		9b. CITY, TOWN OR LOCATION OF I	DEATH 9c. COUNT	Y OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT	Brito:							
2	10a. STATE 10b. COUNTY 10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY					
5	mp	72 -		LIMITS?					
		DACTO:	1	1 VES 2 NO					
2	3715 6th St			N OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	2/22		ISA					
		If yea, specify Cuban, Mexic	NIC ORIGIN? (Specify Yas or No. 14 an, Puerto Rican, etc.)	I. RACE — American Indian, Black, White, atc.					
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 NO Spec	ily:	Specify:					
G	15. DECEDENT'S EDUCATION 16s. DECEDENT'S	USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUS	WHITE					
	(Specify only highest grade completed) (Give kind of life, Do NOT uite, Do NOT uite	work done during most of working se retired.)	190 KIND OF BUSINESS/INDUS	STRY					
P	College (1-4 or 5+)	usewife							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Maiden Surname)						
Ö	UNKNOWN								
BE	19. INFORMANT'S NAME (Tomo/Print)	ADDRESS (St.)	NKNOWN Route Number, City or Town, State, Zip Co						
5	WALTER PETRO 97								
		1 6,82 7	T. Brooklyn	New YORK					
	1 Buriel 2 Cremation 3 Removal from State cemetery crematory or o		OATE 20c. LOCATION - CIT						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		1-4-92 LINDEN	New Jensey					
	90	22. NAME AND ADDRESS OF F	SONS FUNERAL	•					
1	and willele		H ST. BALTO						
	23 RAPI I. Enter the diseases, or complications that caused the death. Do report, or heart failure. List only one cause on each line.	not enter the mode of dying, eu	ch es cardiec or respiratory erree	Approximete					
	interval Between								
	disease or condition								
	resulting in death) a. DUE TO (QA AS A CONTINUENCE OF	Cara							
z	E. OLANIAL MAN								
은	Sequentially list conditione, if any, leading to immediate								
8	CAUSE. (Disease or injury that initiated events CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):								
E	that initiated events OUE TO (OR AS A CONSEQUENCE OF	7:							
CERTIFICATION	resulting in deeth) LAST d. lung Carci	utma							
	PART II. Other significent conditions contributing to death but not recuiting								
SE	death but not resulting to death but not resulting	n the underlying ceuse given in	Part i. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
	hypothyrudism +	engigeens	1 _ YES 2 TO NO	COMPLETION OF CAUSE DF DEATH?					
MEDI		0 7		1 TYES 2 NO					
Z									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C)	neck only one)						
YSI	1 YES 2 NO 1 Inpettent 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Residence	8 Other (Specify)						
F	27. MANNER-OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 187. Manual S. D. S. TIM	E OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCUR	ED					
ВУ	1º Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO							
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, a	freet, factory, office	28f. LOCATION (Street and Number or	Rural Route Number,					
	4 Homicide determined		City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred)	d at the time, date and place, and due	to the councies and manner as stated						
S	one) 2 MEOICAL EXAMINER: On the basis of axamination and/or investigation	n, in my opinion, death occured at the	time, data and place, and due to the c	euro(a) and manner or stated					
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER								
BE	20 ORINGOA (COM 110)	29c, LICENSE NU	WBER 29d. DATE SI	IGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	(Notice)		11142					
	The state of the s	Maca C-		- 1/1					
	MA. JEUKGER A-CENTA-HARBOR	11081. CENTEL	3001 S. HAN	OVER ST.					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson—Randall	IAN 0 3 1992	Julia Davidson- MAN	MHORE, HD					

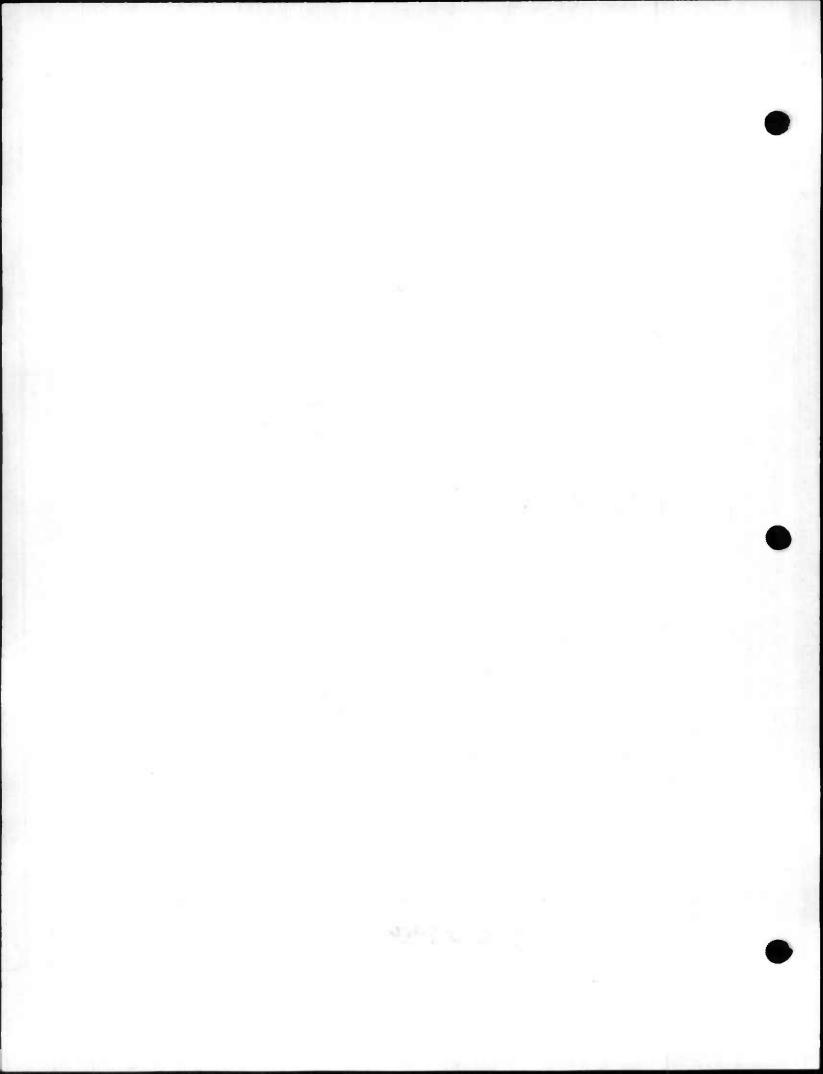


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		С	ERTIF	CATE O	F DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF			3. TIME OF DEATH			
	ELLEN		ROWLE	TT		0.1				1:27 A		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR		7. DATE OF I			8. BIRTI Coun	HPLACE (State or Foreign	
	213-32-9220	1 M 2 TF	72	YRS.	MONTHS DAY	HOURS MIN.		8-19)	Cours	VA.	
	9e. FACILITY NAME (If not Institution, give street end number)				9b. CITY, TOW	OR LOCATION OF				UNTY OF		
DIRECTOR	THE JOHNS HOPKINS HOSPITAL				BAL	TIMORE CI	TY		BAI	LTIM(DRE	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1dd. IMSIDE CI											
											10d. INSIDE CITY LIMITS?	
	Md 10s. Street and number			l B	altimo		ty		YES 2 NO			
MA I	3032 E. Federal Street					101. ZIP CODE	_		10g. CITIZEN OF WHAT COUNTRY			
2						2121		3 0			. A .	
D BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT E	YES 2	RMED NO	13. WAS D	ECENDENT OF HISP/ specify Cuben, Mexic	ANIC ORIGIN? (S	pecify Yee	or No-	14. RAC Blac	E — American Indian, ik, White, etc.	
	3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			ES 2 NO Spec		, , , ,		Spec		
	15. DECEDENT'S EDUC	CATION	T 46 . DI	E CEDENTIA						L	Black	
	(Specify only highest grade	completed)	(C	Sive kind of w	USUAL OCCUPA ork done during a retired.)	most of working	16b. KM	D OF BUS	ANESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)			omemaker							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
	Floyd Adams						ola	le, Maiden : Bell	,			
TO BE	19a. INFORMANT'S NAME (Type/Print)											
	Deborah Ada	5406	Fairl	awn /	Raltin	City or Town	, State, Zi	ip Code)	21215			
	204, METHOD OF DISPOSITION											
	1 ABuriet 2 Cremation 3 Remo	ovet from State	cemetery, cri	ematory or ot	F DISPOSITION							
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE ///	Ceda	ar Hi		metery AND ADDRESS OF F	ACII ITY	Ann	e A	run	del Co, Mo	
1	1//	If my	777									
	I VOMILLEX	XIGI	1116	2		C. Marc					orth Ave.	
	23. PART I. Enter the diseases, Dr. o	omplications that ca	nused the de	eath. Do n	ot enter the r	node of dying, au	ch aa cardiac	or reapi	ratory ar	rreat,	Approximata	
1	ahock, pr heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition STEOK 4											
1	- Al-Control - Al-		AS A CONSE		•						7, 3, 1	
ξ	Sequentially list conditions	. H	7 poto	20510	4						150 Mys	
KIIFICALION	sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
3	CAUSE (Disease or Injury	. 77	AS A CONSE	0.33	erhon	17 siene	ing Hav	m	1000	Jun	n 6 VAY	
	that initiated events resulting in death) LAST				, .						1	
E E		1	772	, reus	>1 w						Yunes	
	PART ii. Other aignificant condition	contributing to de	eth but not	reauiting is	n the underly	ng cause given le	Part I. 24s	. WAS AN	AUTOPSY	240	. WERE AUTOPSY FINDINGS	
Z	Renal France	Hepatu	Franco	we	Perso	I was wo		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Tamponah "	ול במשל	che	: 6	1500		10	YES 2	NO		OF DEATH?	
			O K O KOK		· ·		-				1 YES 2 NO	
PHTSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	heck only one)					
2	EXAMINER?	HOSPITAL:	VOutpatient 3		OTHER:	ome 5 🗆 Reeldence						
Ē	27. MANNER OF DEATH	26e. DATE OF INJ	URY	26b. TIME	OF 28c. I	NJURY AT	26d. DESCRI		JURY OC	CURED		
	1 Natural 5 Pending	(Month, Day,)	(ear)	INJU		VORK? YES 2 NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At he	ome, farm, at	treet, factory, of	lice	261. LOCATIO	N (Street a	nd Numbe	r or Rural I	Route Number.	
	4 Homicide determined	building, etc.	(Ѕреспу)				City or To	wn, State)				
ונ	29e. CERTIFIER (Check only	CIAN: To the heet of my	knowledge de	and the same	4 -4 45 - 45 - 4							
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											
3					, army opinion			piace, enc	due to t	ne ceuse(e)) end menner ee stated.	
	296 SIGNATURE AND TITLE OF CERTIFIER) An	Senie	0	ne'\	29c. LICENSE NU		I	29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE		15 15	esi dent	D40	000			1/1	92	
1	01/		1 .			\						
	31. DATE FILED (Month, Day, Year)	1 32 BENETERE	JE ON	30 F	pkins	Huspita	1 601	N.	Wer	FE. 5	- BAIFME	
	IAN 0 3 1992	32 REGISTRIAS	CONTRACTOR OF THE PERSON OF TH	-	النمر							
	VIIII III	HZ										



permit. Pages 1, 2, 3 should

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retained by the hospital or attending physician. use as the detached for once. notified at page 5 should Page 6 may be P must funeral director, examiner hours after death. completely filled in by the rial, cremation, or removal. medicai the requires that the death certificate be executed within event. in and corr to burial. traumatic the attending physician 1 Mental Hygiene prior to other 6 injury, by shows any been signed of the beauth a has be Dept. HOSPITAL OR ATTENDING PHYSICIAN; The law certificate h Hem 10 this c. marked, After DIRECTOR: Aft hours after des item 28 is n TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho to property if its

1 Natural

2 Accident

4 Homicide

3 Sulcide

BY

COMPLETED

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92 00037. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR RUTH ELLEN SASS 1/1/1992 12:50 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 D F 212 10 6537 D 84 11-2-1907 Maryland 9e. FACILITY NAME (If not institution, give street end number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR County General Hospital Westminster Carroll County RESIDENCE OF DECED 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll County Sykesville 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1303 Buckhorn Road 21784 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2 1 Never Married 2 Merried If yee, specify Cuben, Mexican, Puerto Rican, etc.: BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Specify: White no COMPLETED 15. DECEDENT'S EDUCATION 10e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of Elementery/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Mc Cllean Smith Daisy Reedy Fitch BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bette A. Eminizer Daughter 1303 Buckhorn Rd, Sykesville, MD 21784 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES/ Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board may 1/2/92 655 W., Baltimore St, Balto.,MD 21201 23. ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory errest, Approximate ehock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onaet end Deeth disease or condition DISSECTING resulting in death) MORTIC ANSWASYM DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditione contributing to deeth but not resulting in the underlying ceues given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO HYPERTENSION COMPLETION DF CAUSE DF OEATH? 1 TYES 2 PHO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner es stated. 2 _ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.

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28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify)

1 YES 2 NO

29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 017040 111/92

momm 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

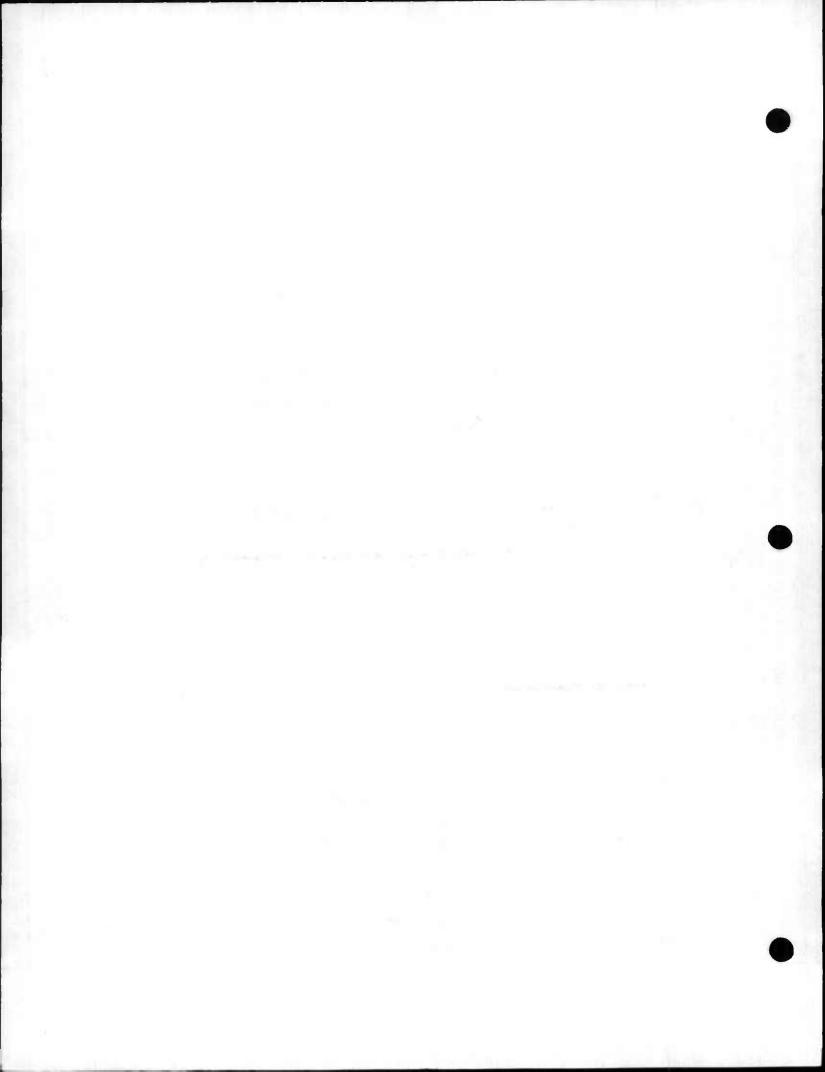
HOWARD LANHAM, MO. ZIS WASHINGTON HOTS WESTMINST 6

JAN 3 Month 1992 Ju	32. REGISTRAR'S SIGNATURE
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5 Pending Investigation

a Could not be determined

28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)



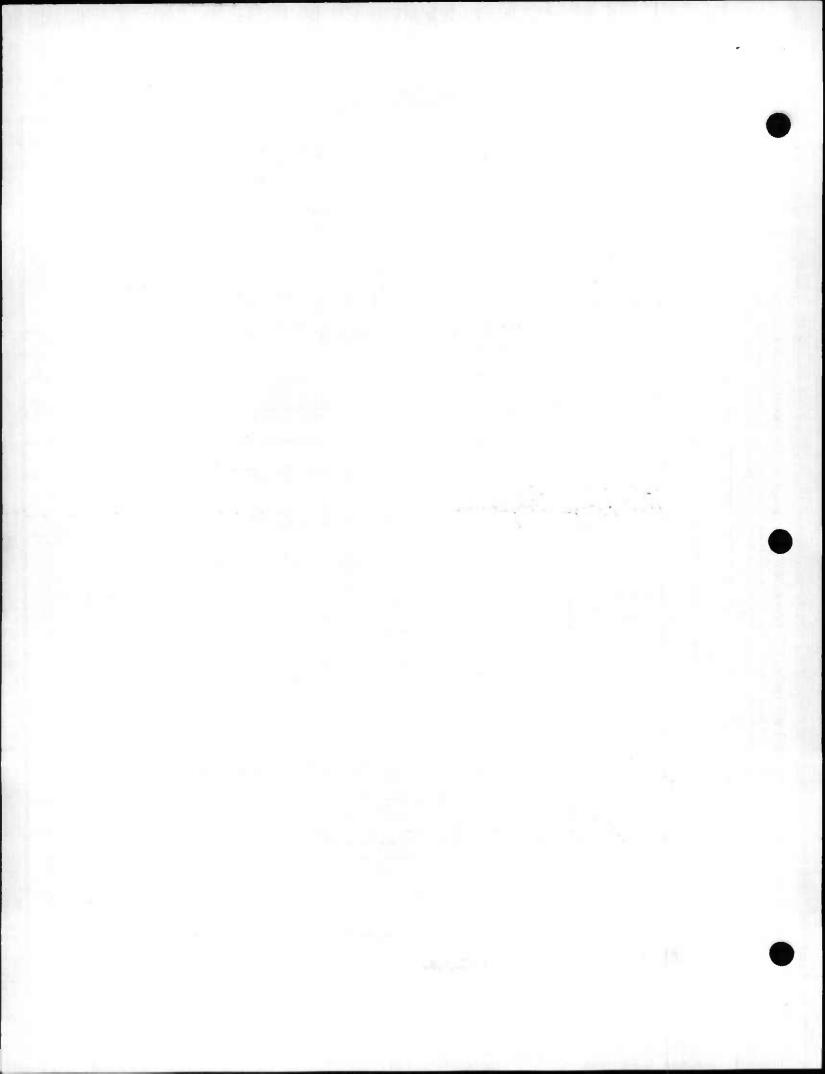
FOR

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND N DEATH	MENTAL HYGIEN	1/	000	38
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	AY Y	3. TIME OF	DEATH
	JENNIFER	LYNN		SCHOFI	ELD	01 01	199		A M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/31/7	6	BIRTHPLACE (State Country) M.C.	or Foreign
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN O	LOCATION OF DEA			Y OF DEATH	
OR	3033 EAST M	CONUMENT ST	REET	BAI	TIMORE	CITY			
E	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	y	100 CITY	TOWN OR LOCATION					
DIRECTOR	Md.			imore				10d. INSIDE	?
	10e. STREET AND NUMBER		15420		ZIP CODE		10a CITIZE	N OF WHAT COUNT	2 NO
FUNERAL	3033 E. Monume	ent St.			21205		U.S		NI r
15	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECE	NDENT OF HISPANI	C ORIGIN? (Specify Ye	s or No— 14	I. RACE — American	tndlen,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	If yes, spec		, Puerto Rican, atc.)		Black, Whita, etc.	
	15. DECEDENT'S EDU	CATION	18- DECEDENTION	1					
ETED	(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of wo	SUAL OCCUPATION rk done during most retired.)	of working	16b. KIND OF BU	SINESS/INDUS	TRY	
14	8	College (I-4 or 5+)	Stude	nt					
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)		
BE (Samuel Schofi	eld Jr.			Janice	Wehner			
2	19a. INFORMANT'S NAME (Type/Print)	7.1 7	19b. MAILING A	DORESS (Street an	Number or Rural Ro	oute Number, City or Tow			01005
	Samuel Schofie				ument S			e, Md.	21205
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	PLACE AND DATE OF	DISPOSITION (Name of The Property of the Prope	Park	in 1 1		y or Town, State	L M
	21. SIGNATURE OF FUNERAL SERVICE LIC		////	_	ADDRESS OF FAC	, bar		e Cnty.	
	Experient /	19 has	aliste.			2818		altimore	
	23. PART I. Enter the dieeeses, or c	complications that caused	Libertary Do not			Son Balt			
	snock, or naert failure.	List only one cause on e	ach line.	t enter the mod	a or dying, such	es cardiec or resp	Iratory erres	Interv	ximete ai Between
	iMMEDIATE CAUSE (Finel disease or condition	CONTACT	GILLISH	HOT WY	DUMIN	E CARRET	_	Onset	and Death
	resulting in death)		CONSEQUENCE OF):	101 000	00.11	Chros	1		
Z	Companielle Hat and distance	b						į	
Ĕ	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
은	CAUSE (Disease or injury that initieted evente	C. OUF TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in daeth) LAST	402 10 (01) 202	CONSCOURNCE OF):					İ	
	PART II Osbar il alfino a su mi	1.							
PHYSICIAN: MEDICAL	PART ii. Other eignificent condition	e contributing to deeth be	ut not resulting in	the underlying	ceuse given in P	art i. 24a. WAS AN PERFOR		24b. WERE AUTOP	
Ē	-					1 X YES 2	□ NO	OF DEATH?	OF CAUSE
Σ						_ '		1 TYES 2	□ NO
MA	25. WAS CASE REFERRED TO MEDICAL			26. PL A	CE OF DEATH (Chec	k onk one)		l	
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output		THER:	X X Rasidence 6				
À À	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME C	OF 28c. INJUI	Y AT	28d. DESCRIBE HOW I	NJURY OCCUR	EO	
ВУ	1 Natural 5 Pending 2 Accident Investigation	O 1 O 1 19	992 2:10		S 2 T NO	SELF INF	LICTE	D GUNSH	ND
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home term stre	et, tactory, office		261. LOCATION (Street a City or Town, State)			101
E	4 Homicide detarmined	BEDROOM	3033 E.	MONUME	NT ST.	BAL	TIMOR	E CITY	
COMPLETED	29a. CERTIFIER (Check only one)	CIAN: To the best of my knowle	edga, death occurred	at the time, data a	nd pleca, end dua to	the cause(a) and mar	nner as atated.		
Ö	2X XMEDICAL EXAMINEI	R: On the basia of axamination	and/or Investigation,	In my opinion, dea	th occured at the til	me, data and placa, an	d dua to the c	ause(s) and manner	as stated.
BE	290. BIGNATURE AND TITLE OF CERTIFING	LW. A). /	tra :	ISC. LICENSE NUMB		29d. OATE St	GNED (Month, Day, 1	fear)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFORNIA	1 1	FOR	ОСМЕ		▶ 01	01 1	992
	JOHN E. SMIALEI			EET	BALT	CIMORE, M.	ARYLA	ND 2120	1
	31. DATE FILED (Month, Day, Year)	12. REDISTRAR'S SICH							•
	IAN 0 3 1992	raine handason-no	- franch						

DESCRIPTION OF THE PERSON OF T

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the buriathranes narmy power 1 2 about
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE		STATE OF I	WARYLAI	ND / DEPA	RTMEN	T OF I	HEALTH	AND	MENTA	AL HYGIEN		0	0039
	REGISTRAR				CERTI	FICATI	E OF	DEA	TH		REG. NO		_	
	1. DECEDENT'S NAME (Firs									2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	LIAM	5. SEX	JOHN				AOOD/		1		2	92	1:00 P
			5. SEX 1 🔯 M 2 □ F		yrs. last birthday	MONTHS	DAYS	HOURS:	R 24 HRS.	(Mor	E OF BIRTH oth, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign y)
	219-16-4524 98. FACILITY NAME (If not h			67	THS.						20-24			YLAND
Œ			street and number)					OR LOCAT	ION OF D	EATH		9c. COU	NTY OF D	EATH
16	8426 BAY I	CEDENT				PASADENA					ANNE ARUNDEL		RUNDEL	
DIRECTOR	10e. STATE	10b. COUNT	Y		10c. Cl	TY, TOWN	OR LOCA	TION			-			10d. INSIDE CITY
	MARYLAND	ANNE	ARUNDEL		P	ASADE	NA						1	LIMITS?
A P	10e. STREET AND NUMBER						-	f. ZIP COD	E			10g. CITI	ZEN OF W	VHAT COUNTRY?
FUNERAL	8426 BAY RD							2112	2			U.S	Δ	
5	11. MARITAL STATUS 1 Never Married 2 [X		12. WAS DECEDEN FORCES? 1	TEVER IN U	S. ARMED	13,	WAS DEC	ENDENT	OF HISPAI	NIC ORIG	IN? (Specify Yes	or No—	14. BACE	— American Indian,
BY	3 Widowed 4 Dive		IF YES, GIVE V	AR OR DATE	ES			2 NO			Rican, etc.)		Speci	ty:
	15 DEC	EDENT'S EDU	W.W.II		- 2505254	1								WHITE
	(Specify online Elementary/Secondary (ly highest grade	completed)		6a. DECEDENT': (Give kind of life. Do NOT	work done :	during me	ON est of working	ng		b. KIND OF BUS UNITED			T.
7	10	0-12)	College (1-4 or 5	+)	INSURA			т			COMPAN			_
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)			INDUIG	NOL Z	TOLLIA		HER'S NA	-	Middle, Maiden		AME	KICA
ш	WILLIAM WO	ODALL									HILTZ	ouoy		
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	S (Street a				nber, City or Tow	n, State, Zip	Code)	
F	BETTY WOODA	LL									MD 211			
	20a. METHOD OF DISPOSIT		oval from State		LACE AND DATE	OF DISPOS	SITION (Na			DA		CATION — (Cify or To	wn, State
	4 Donation 5 D Other	(Specify)		MEA	DOWRID	GE ME	EMOR	IAL 1	PARK	1-6-	-92 ELE	RIDG	E. M	D
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	1		22.	NAME AN	ND ADDRE	SS OF FA	CILITY				
	SINGLETON FUNERAL HOME 1 SECOND AVE, S.W. GLEN BURNIE, MI							WD 01061						
ERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death Due to (or as a consequence of): Sequentially list conditions, if sing, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):													
PHYSICIAN: MEDICAL CI	PART II. Other significa		a contributing to	death but	not reaulting	in the un				_	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
⁻	EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only o	ne)			
₹	1 YES 2 M NO 27. MANYER OF DEATH		1 Inpatient 2 I			4 🗆 Nurs	ling Home		sidence		er (Specify)			
	M	Pending	(Month, De	sy, Year)	28b. TIN	JURY M		RK?		28d. DE	SCRIBE HOW II	IJURY OCC	URED	
В	3 Sudalda	Investigation	28e, PLACE OF	F INJURY —	At home, term,			ES 2	NO	201 1 00	ATION (O			
TEO	5	Could not be determined	building,	etc. (Specify)	richine, territ,	atroot, tact	ory, ornice			City	ATION (Street a or Town, State)	na Number (or Hurel Ho	oute Number,
<u> </u>	29a. CERTIFIER	TEVING BUVE	CIANI, To the head of							_				
COMPLET	(Check only one) 2 MEDI	CAL EXAMINE	CIAN: To the best of R: On the bests of ex	amination as	ga, cestn occuri od/or invasticati	ed at the th	me, date	and place,	and due	to the ca	use(a) and man	ner as state	d.	and manner as stated.
	29b. SIGNATURE AND TITLE			-/	7	, my 01	pinion, u				and place, and			
BE	160		200	1/1/	m.			29c. LICE	NSE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALLS	E OF DEATH	. 1/	Drint*		1/-	59	40	5	/	1/2	192
	JORGE ACEVEI	DO, MD	NORTH AF	RUNDEI	HEALT		NTER	200	HOS	PITA	L DR.	GLEN	BURN	21061 NIE. MD
	JAN 0 3 190	re-air)	32. HEGISTHAT	R'S SIGNATU	IRE									
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REG. NO

BALTIMORE, MARYLAND 21215-0020

FOR STATE

REGISTRAR

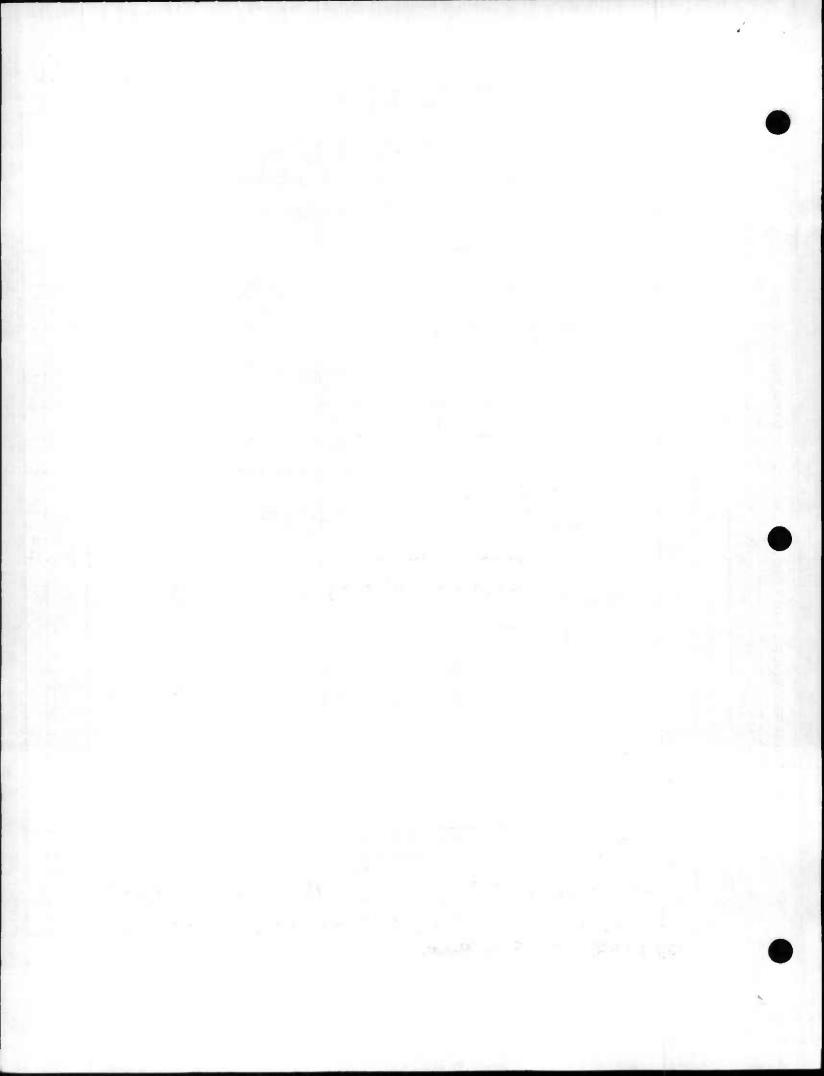
RECORDS, P.O. BOX 68760. DIVISION OF VITAL

1. DECEDENT'S NAME (First, Middle, Last)
Joseph W. Wassman 2. DATE OF DEATN 3. TIME OF DEATH 92 DAY 2 1 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5 SEY 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MT) 215-01-7784 1 M 2 | F (Month, Pay Year) 1 MD permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore 1514 Chesaco Ave. Rosedale DIRECTOR RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore MD Rosedale 1 TES 2 NO FUNERAL 100. STREET AND NUMBER
1514 Chesaco Ave. WHAT COUNTRY? 10a. CITIZEN OF page 5 should be detached for use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yea, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 6 Continental Can 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
Margaret Ross John Wassman notified at BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, 1514 Chesaco Ave. Baltimore. MD Zip Code) 21237 2 John Wassman be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must the funeral director, oval from State Lorraine Park 1 - 4 - 92Catonsville, MD examiner 21. SIGNATURE ON FUNERAL SERVICE CICENSES 22. NAME AND ADDRESS OF FACULTY CVaCh/Rosedale Funeral Home 1211 Chesaco Ave. 2 ruse medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate ahock, or heert fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death and completely fille burial, cremation, the disease or condition resulting in death) Man 11 ANCER HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, OUE TO (ORUS A CONSEQUENCE OF): pratte Suckin other traumatic CERTIFICATION Sequentially list conditions, has been signed by the attending physician ar Dept. of Health and Mental Hygiene prior to to 1.23 shows any injury, or other trauma OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 000 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item certificate h EXAMINER? HOSPITAL: OTHER:
4 | Nursing Name 5 Realdence 6 | Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending death w 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office 8 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. FUNERAL within 72 t MPORTANT: IF 2 ___ MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. BE 29d. DATE SIGNED (Month, Day, Year) 물물물 36430 MO) 3 2 % 0 WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) RICHARDSIA 7112 EFFRE MA UNdalk June Davidson Rando JAN 0 3 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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PITAL	BRAL n 72	T- 16
HOS	FUN	TAM
出	THE Del	APORTANT If Hom 28 is marked or Hem 23 shows any injury or other traumatic awant the medical available and the nesting as any

92 0004 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WYNN JAMES 702 A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 - F 40 9a. FACILITY NAME (If no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR PITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No If vea. specify Cuban, Mexican, Puarto Rican, atc.) 11. MARITAL STATUS WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES RACE — American Indian, Black, White, atc. 2 M If yes, specify Cuben, 1 Never Married BY Specify 3 Wide 4 Divorced COMPLETED DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) ege (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) BE 19b. MAILING ADDRESS (S 2 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Na. rial 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Dow 613 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the Approximata Intervai Between shock, or haart fallure. List **IMMEDIATE CAUSE (Final** Onset and Daath disease or condition resulting in death) neumonia DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO 1 WES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: ne 5 🗆 Reeldence 8 🗆 Other (Specify) 4 🔲 Nura 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending BY 1 YES 2 NO 28a. PLACE OF INJURY — At home, term, street, factory, offica building, atc. (Specify) 3 Suicide 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 28 IMPORTANT: If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

LETED CAUSE OF DEATH (ITEM 27) (Type,

32. REGISTRAR'S SIGNATURE

1992

Hospital

V . . . A 32 ... 3 34 7 - 3 Md BALTG. 2/209 USA 4 TEL BENDLE BARE 7-24-66-4-1-72 181 K. IT L'S RIK PAREE CHULES WYNN BEDREIA BLAND WINN MARICH H WYNN FIRST BONNE BRAKE 212CS GOCKISCH VARK-VA FFROMINGS Na. M. Louis H Boardley Watherson ST CAME WILLIAM

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760, L OR ATTENDING PHYSICIAN: The law requires that the death of the law put of within

	1. DECEDENT'S NAME (First, Middle, Last)								_		
	DAVID AUMO	A/ //	DTUIN	10			2. DATE	OF DEATH	NY.	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5	. SEX	6. AGE (In yrs. lest bir	rthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7 DAYE	OF BIRTH		92	ACE (State or Foreign
	212-46-6070 1.	M 2 F	.10	YRS. MONTHS	1	HOURS MIN.	(Mont	th, Day, Year)	10	Country)	TA MA
	9e. FACILITY NAME (If not Institution, give street	t and number)	,0	9b. C/1	ry, TOWN (OR LOCATION OF E	EATH		9c, COUN	TY OF DEA	TH.
OR	505 N. DENIS	DN 57	T.	B	417	IMAPE					
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			11/1		TDR 7					
E	M A		1.2	DA (7	OR LOCAT	TION -				36	Dd. INSIDE CITY
	10e. STREET AND NUMBER			DHU	1/1/	ICE					YES 2 NO
FUNERAL	505 N. DENISONI	ST.			101	7/7	0		10g. CITIZ	ZEN OF WHI	AT COUNTRY?
N.			EVER IN U.S. ARMED	D 140	C	ENDENT OF HISP	1		U	.0,	
	1 Never Merried 2 Married	FORCES? 1 (YES 2 NO	, I's	If yes, sp	ecify Cuben, Mexic	en, Puerlo	Nr (Specify fee Rican, etc.)	or No-	Black, V	- American Indian, Vhite, etc.
ВУ	3 Widowed 4 Divorced	VIETA	IAM		1 🗌 169	2 NO Spec	rry:			Specify:	BLACK
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	16e. DECEL	DENT'S USUAL	OCCUPATIO	ON set of working	168	. KIND OF BUS	INESS/IND	USTRY	7.19
Ë		College (1-4 or 5+)	life. Do	NOT use retired.)						
MP	12		SOCI	AL U	OCK						
	17. FATHER'S NAME (First, Middle, Last)	VILLE				18. MOTHER'S N.	AME (First,	Middle, Maiden	Sumame)	. 11	A . A
BE	19a INFORMANT'S NAME (Type(Print))	N//S	100.00			VUKUT	744	DERI	VICE	HI	4RRID
2	WPATHUB BY	01)	50. M	CA/ A	CA /	nd Number or Rural	Rout Num	Der, City or Town	, State, Zip	Code)	1226
	20. METHOD OF DISPOSITION		20b PLAGE AND	DATE OF DISPO	SITION (NA	SOIV 2	DAT	200 100	CATION C	City or Town	John John
	1 Burist 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	t from State	remate	ory or other place	1	the	117	2011	Lác	Mag	A A O
	21. SIGNATURE OF FUNERAL SERVICE LICENS	555	V. Control	22	. NAME AN	D ADDRESS OF F	ACILITY/	nin	1	7100	de Servino
0.	Thurs n. C	Palla		3	105	, w. F.	EAR	Wid 3	2.	ane	nce service
	23. PART I. Enter the dieases, or com				1346	temore	ma	1 21	210		
	anoba, or neert fellure. Liai	t only ona caus	e on each line.	. Do not anto	tria ino	de or dying, au	cn as cer	ulac or reapi	atory arre	B61,	Approximata interval Between
	iMMEDIATE CAUSE (Fine) disease or condition	4									Onaet and Death
	resulting in daeth) a	MC QUI	OR AS A CONSEQUE	MMUN	16 %	ref-1016	NCT	JYN	DRU	ME	
		502 10 (0	ON AS A CONSEQUE	NCE OF):							
7											
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEQUE	NCE OF):							
CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSEQUE	NCE OF):							
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events		OR AS A CONSEQUE								
SERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
AL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (C	DR AS A CONSEQUE	NCE OF):	nderlying	3 Couse given in	Part i.	24a. WAS AN	AUTOPSY	24b. W	FRE AUTOPSY FINDINGS
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflieted events	DUE TO (d	DR AS A CONSEQUE	NCE OF):	nderlying	j ceuse given in	Part i.	PERFOR	MED?	AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE
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MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of Death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 11	OSPITAL:	DR AS A CONSEQUE	NCE OF): Ifting in the under the property of	26. PL R: rsing Hom 28c. INJI	ACE OF DEATH (C)	heck only or	PERFORI	MED?	AV CC OF	ALABLE PRIOR TO OMPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the conditions of the conditions of the conditions of the cause of the conditions of	OSPITAL:	DR AS A CONSEQUE	NCE OF): Ifting in the u	26. PL R: rsing Home 28c. INJI WO	ACE OF DEATH (C)	heck only or	PERFORI	MED?	AV CC OF	ALABLE PRIOR TO OMPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inpetiant 2 Use (Month, Day)	DR AS A CONSCOUER leeth but not result ER/Outpatient 3 I JURY 28 INJURY At home,	DOA OTHE OF INJURY	26. PL IR: rsing Hom 28c. INJI WO 1 Y	ACE OF DEATH (CI	6 Othe	PERFOR 1 YES 2 (Specify) CRIBE HOW IN	JURY OCC	AV CC OF	ALLABLE PRIOR TO MPLETION OF CAUSE DEATHY YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inpatient 2 1 28e. DATE OF In (Month, Day,	DR AS A CONSCOUER leeth but not result ER/Outpatient 3 I JURY 28 INJURY At home,	DOA OTHE OF INJURY	26. PL IR: rsing Hom 28c. INJI WO 1 Y	ACE OF DEATH (CI	6 Othe	PERFOR 1 YES 2 Pe) (Specify) CRIBE HOW IN	JURY OCC	AV CC OF	ALLABLE PRIOR TO MPLETION OF CAUSE DEATHY YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause of the conditions of the cause of the c	OSPITAL: Inpatient 2 1 28e. DATE OF Information, Day, 26e. PLACE OF building, et	ER/Outpatient 3 1 ER/Outpatient 3 2 ER/Outpatient 3 2 INJURY 2 INJURY At home, ic. (Specify) ry knowledge, death of	DOA OTHE DOA 4 Number of Manual Manua	26. PL R: raing Hom 28c. INUI WO 1 U ttory, office	ACE OF DEATH (CI	6 Other 28d. DES	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? JURY Occur and Number of	AM CC OF The Country	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause of the conditions of the cause of the c	OSPITAL: Inpatient 2 1 28e. DATE OF Information, Day, 26e. PLACE OF building, et	ER/Outpatient 3 1 ER/Outpatient 3 2 ER/Outpatient 3 2 INJURY 2 INJURY At home, ic. (Specify) ry knowledge, death of	DOA OTHE DOA 4 Number of Manual Manua	26. PL R: raing Hom 28c. INUI WO 1 U ttory, office	ACE OF DEATH (CI	6 Other 28d. DES	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? JURY Occur and Number of	AM CC OF The Country	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inpatiant 2 I 28e. DATE OF In (Month, Dey, 26e. PLACE OF building, et	ER/Outpatient 3 1 ER/Outpatient 3 2 ER/Outpatient 3 2 INJURY 2 INJURY At home, ic. (Specify) ry knowledge, death of	DOA OTHE DOA 4 Number of Manual Manua	26. PL R: raing Hom 28c. INUI WO 1 U ttory, office	ACE OF DEATH (CI	6 Othe 28d. DEs 26f. LOC City	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? JURY Occur and Number of the states o	URED URED or Rural Rould d.	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inpatiant 2 0 10 28e. DATE OF Inf. (Month, Day. To the beat of many the beats of axa.)	leeth but not resulted	DOA OTHE OF INJURY M	26. PL R: raing Hom 28c. INUI WO 1 U ttory, office	ACE OF DEATH (CI	6 Othe 28d. DES 26f. LOC City a to the ceu	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? JURY Occur not Number of the states o	URED URED or Rural Rould d.	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NO Number,
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inpatiant 2 0 10 28e. DATE OF Inf. (Month, Day. To the beat of many the beats of axa.)	leeth but not resulted	DOA OTHE OF INJURY M	26. PL R: raing Hom 28c. INUI WO 1 U ttory, office	ACE OF DEATH (CI	6 Othe 28d. DES 26f. LOC City a to the ceu	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? JURY Occur not Number of the states o	URED URED or Rural Rould d.	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inpartant 2 I 28e. DATE OF In (Month, Day) 26e. PLACE OF building, et	DR AS A CONSCOUE ER/Outpatient 3 1 INJURY 26 INJURY At home, INJURY At home, INJURY To home	DOA OTHE OF INJURY M	26. PL R: raing Hom 28c. INUI WO 1 U ttory, office	ACE OF DEATH (CI	6 Othe 28d. DES 26f. LOC City a to the ceu	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? JURY Occur not Number of the states o	URED URED or Rural Rould d.	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NO Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inpatiant 2 0 10 28e. DATE OF Inf. (Month, Day. To the beat of many the beats of axa.)	DR AS A CONSCOUER BER/Outpatient 3 1 STURY 28 INJURY At home, INJURY At h	DOA OTHE OF INJURY M	26. PL R: raing Hom 28c. INUI WO 1 U ttory, office	ACE OF DEATH (CI	6 Othe 28d. DES 26f. LOC City a to the ceu	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a or Town, State)	MED? JURY Occur not Number of the states o	URED URED or Rural Rould	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO NO Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

CHANT SAN ANALY CONTRACTOR RESERVE BYKER FROM SONISON ST. BROTONIL STATE

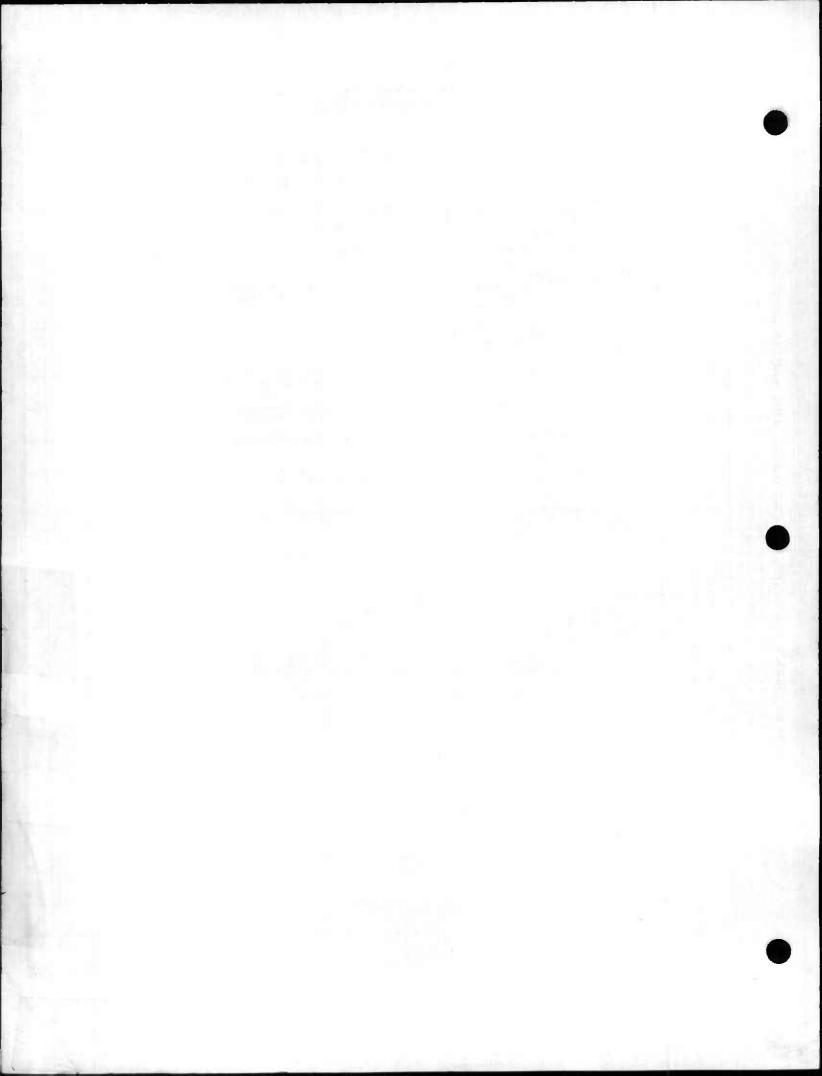
	TO THE TROPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction page 5 should be detained		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	te 6 may b	rector, page		must be
	r death. Pag	le funeral di	al.	examiner
	hours afte	lled in by th	n, or remov	e medicai
	ed within 24	ompletely fil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the
	e be execut	siclan and c	nor to buria	traumatic
	th certificat	ending phys	Il Hygiene p	or other
	that the dea	d by the att	and Menta	ny injury,
	w requires	been signe	of Health	3 shows a
	IAN: The la	tificate has	e State De	or item 2:
	NG PHYSIC	fter this cer	eath with th	marked,
	R ATTENDI	IRECTOR: A	ours after de	em 28 is
	DOPTIAL C	UNERAL D	within 72 ho	ANT: If It
-	THE CL	TO THE	be filed y	IMPORT

31. DATE FILED (Month, Day, Year)

JAN 0 8 1997

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE	STATE OF MA	ARYLAND /	DEPAR	RTMENT	OF H	IFALTH ANI) MENTAL	HYGIEN	F	9	2 000	4
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) MARGARET MARY		CE	RTIF	ICATE	OF	DEATH	2. DATE O	REG. NO		Ž ^{YEAR}	3. TIME OF DEATH	_
	4. SOCIAL SECURITY NUMBER 212 74 5278		8. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS	7. DATE OF			8. BIRTH	7:40A IPLACE (State or Foreign	N
ORO	94. FACILITY NAME (If not institution, give st GREATER BALTIMORE	meet and number) MEDICAL				TOWN	OR LOCATION OF		74-190	9c. COUN		ÉIMORE DEATH	_
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O		TION MORE					10d. INSIDE CITY LIMITS?	_
FUNERAL	100. STREET AND NUMBER 3626 ROLAND AV	E.					21211			10g. CITIZ	EN OF Y	1 YES 2 NO	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 FYES, GIVE WAS	YES 2 N		10	yes, sp	ENDENT OF HIS	PANIC ORIGIN? lican, Puarto Ric licity:	(Specify Yes an, atc.)	or No-	Speci		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(GA	ve kind of a Do NOT u	USUAL OC Work done d se retired.)	luring mo	ON st of working	16b. K	IND OF BUS	SINESS/INDU		ite	
BE CO	17. FATHER'S NAME (First, Middle, Last)		Weav	er				Mary			/		
9	19a. INFORMANT'S NAME (Type/Print) Mrs. June Marr 20a. METHOD OF DISPOSITION			36	26 R	olar						and 21211	
	209. METHOD OF DISPOSITION 1. Puriat 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		20b. PLACE A cemetary, cran	natory or o	ark		me of	1/8		cation — c		ryland	
	· Lynn &	3. He	nss)	Bu	rgee	Henss	Funera	altin	nore	Mar	vland 212	11
	23. PART I. Enter the diseases, or conshook, or heart feilure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one ceuse	caused the december on each line.					uch ss cerdle	c or reepli	ratory srre	st,	Approximata Interval Betwee Onset and De	
N	Sequentially list conditions,		UROSEPS	SIS									
NI ILICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST		R AS A CONSEON DEHYDRA R AS A CONSEON	TION	120	ΤΟ Ι	UPPER R	ESPIRAT	TORY :	INFEC	TION	1	
. ואבטוסאר כב	PART II. Other eignificent conditions DIABETES MELLIT	contributing to de US, N/O C	oeth but not re	eulting I	n the und	FA]	ceuse given i		In. WAS AN A PERFORI	MED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAIN.		HOSPITAL:	R/Outpatient 3 [DOA	OTHER:		ACE OF DEATH (C						
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY	28b. TIMI INJ	OF 2	28c, INJU		28d. DESCR		JURY OCCU	RED		
	3 Suicide 6 Could not be datermined	28a, PLACE OF II building, atc	NJURY — At hom (Specify)	e, ferm, a	treet, factor	ry, offica		28f. LOCATI City or 1	ON (Street ar lown, State)	nd Number o	Rural Ro	oute Number,	
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CHECK ONLY ONE) 2 MEDICAL EXAMINER	IAN: To the best of my	knowladge, deal	th occurre	d at the tim	ne, date :	and place, and du	ue to the cause(s) and manr d place, and	ner as etated	l. cause(s)	and menner as stated.	_
	29b. SIGNATURE AND TITLE OF CERTIFIER	Mil	ey.	n	NO)	29c. LICENSE N					(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH UTEM	27) (Туре,	Print)					-/			_



	REGISTRAR		CERTIFIC	ATE OF DE	ATH	REG. NO.	•		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF	DEATH
	Kenneth Allender					January D	3 199	3:55	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. lest birthday) IF	UNDER 1 YEAR IF UN	DER 24 HRS.	7. DATE OF BIRTH		HRTHPLACE (State	
	214-16-9591	1 M 2 DF 69	YRS.	NTHS DAYS HOUR	S MIN.	(Month, Day, Year)		Md.	4
DIRECTOR	98. FACILITY NAME (If not institution, give so RESIDENCE OF DECEDENT	1 - 1	bas Pi	PERRY	POST	yt Md	9c. COUNTY	OF DEATH	
<u> </u>	10a. STATE 10b. COUNTY	1	10c. CITY, TO	OWN OR LOCATION				10d, INSIDE	CITY
	Md.		1/3	AltiM	ORE	3		LIMITS:	?
FUNERAL	100. STREET AND NUMBER 134 Benso	ONI CIRE	cle	10f. ZIP CC		2	10g. CITIZEN	OF WHAT COUNTY	
5	11. MARITAL STATUS	12. WAS DECEDENT SYER IN U.S FORCES? 1 YES 2				C ORIGIN? (Specify Yee	or No- 14.	RACE — American	Indien,
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		If yes, specify Cu		, Puerto Rican, etc.)		Black, White, etc. Specify: B/A	ck
Ħ	15. DECEDENT'S EDUC (Specify only highest grade	CATION 184 completed)	. DECEDENT'S USU	done during most of wo	rkina	166. KIND OF BUS	INESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT use ret	ired.) SRCR					
O	17. FATHER'S NAME (First, Middle, Lest)	11.10		18, Mc	OTHER'S NAM	E (First, Middle, Maiden	Surneme)		
BE	VVIIIIRM H	llender			sas1	- Coo			
2	19a. INFORMANT'S NAME (Type/Print)	Ender	196. MAILING ADD	PRESS (Street and Numi	Der or Aural Ro	oute Number, City or Tolki	State, Zip Code	id	
	201 METHOD OF OISPOSITION 1 Suriel 2 Cremation 3 Ramo 4 Donetion 5 Other (Specify)	oval from State 20b. PL	CE AND DATE OF DI y, crematory or other p		Ut	DATE 20c. LOC	ATION - City	or Town, State	de
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDI	RESS OF FACI	LITY	+ 5	1181	20
	· Dung B	N-171		WM.C.C	17 1	the Du-	ily M		
	23. PART I. Enter the diseases, or c	omplications that caused the	daeth. Do not e			as cardlec or reapi	atory arrest.	Appro	ximate
	ahock, or heart failure. I	List only one cause on each	lina.					interv	al Between and Death
	disease or condition reaulting in death)	Left lung con	nsolidat:	ion, etio	loav 11	nknown		1,72	
		DUE TO (OR AS A CO	NSEOUENCE OF):						
NO N	Sequentially list conditione,)							
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO JOR AS A COL	NSEQUENCE OF):						
은	CAUSE (Diseasa or Injury that initiated events	DUE TO (OR AS A COR	NSEQUENCE OF:						
CERTIFICATION	reaulting in death) LAST							i	
- 11									
DICAL	PART II. Other algnificant conditione	contributing to death but n	ot resulting in th	a underlying cause	given in P	art I. 24a, WAS AN A PERFORI		24b. WERE AUTOPS AWAILABLE PR	
ă	chronic obstruct		disease	end stag	ge	1 - YES 2	XNO	COMPLETION OF DEATH?	
Σ	seizure disorder					_		1 [] YES 2	□ NO
AN	Severe cardiomyon	oathy							
Ö	EXAMINER?	HOSPITAL:	ОТ	28. PLACE OF HER:	DEATH (Checi	k only one)			
PHYSICIAN: MEI	1 YES 2 NO 27. MANNER OF DEATH	1 X Inpatient 2 ER/Outpatien 28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 🗆					
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	28c. INJURY AT WORK? M 1 YES 2		Rad. DEȘCRIBE HOW IN	JURY OCCURE)	
BÝ	2 Accident Investigation 3 Suicide A Could not be	280. PLACE OF INJURY — A	t home, ferm, street			28f. LOCATION (Street or	of Number or Pu	rel Boute Mumber	
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Specify)		,		City or Town, State)	o Nomber of Fig	rai riodia Numbai,	ĺ
7 [29e. CERTIFIER (Check only	CIAN: To the best of my knowledge	, death occurred at	The time, date end place	ce and due to	the cause(s) and many	ar an elelad		
8	one) 2 MEDICAL EXAMINER	3: On the besie of examination and	l/or investigation, in	my opinion, death occ	ured at the tir	me, date end place, and	due to the ceu	se(e) end manner	ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				CENSE NUMB				
BE	An Sec				·000336		29d, DATE SIGI	NED (Month, Day, Y	ra()
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	l CT.	00000	J-3			
	BRADLEY STODDARD,				Point	t, MD 219	02		
	31. DJAN 006 1992	22. RECUSTRAR'S SIGNATURE	E as	ct/ retry	FOTIII	-1 LID STA	UZ		
	Oni 0 0 1992	Jana navidous-Horn	14.IKa						

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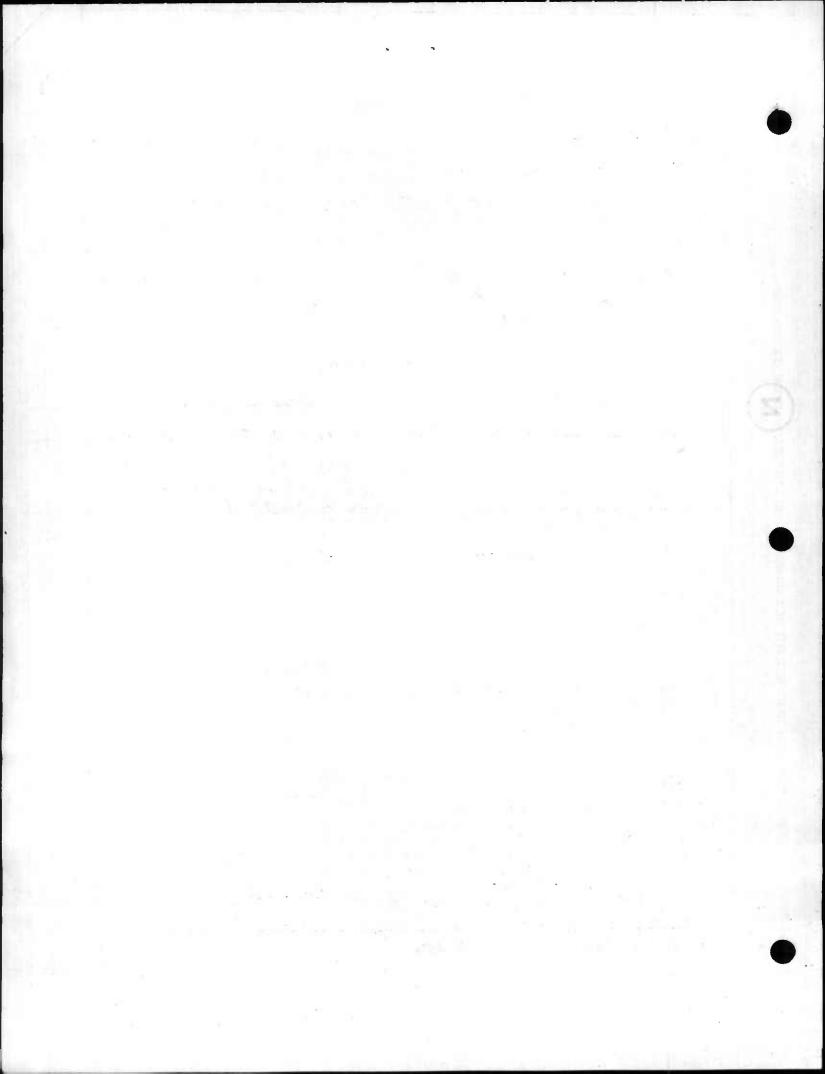
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may were that you have an own peterly filled in by the tuneral director, page 5 mounts. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 mounts. Our page 5 mounts. To the side of the control of the side of the control of the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hospital or attending physician.

AND 21215-0020

BALTIMORE



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFI	CATE C	F DEATH	REC	G. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	KATHERINE JOS	SEPHINE ANDR	EW			JAN. 2			6:20 P. M
	4. SOCIAL SECURITY NUMBER 5. S		rs. last birthday)	IF UNDER 1 YE		7. DATE OF BIR (Month, Day,			THPLACE (State or Foreign intry)
	214 44 1300	M 2 + 76	YRS.			9-27-1	915	MA	RYLAND
_	9a. FACILITY NAME (If not institution, give street as	nd number)		9b. CITY, TO	VN OR LOCATION OF DE	EATH	9c.	COUNTY OF	DEATH
6	213 MADISON AVENUE			ST. M	ICHAELS			TALBO	T
[[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR L	OCATION				10d. INSIDE CITY
DIRECTOR	MARYLAND BALTIM	MORE		CATON	SVILLE				LIMITS?
	10e. STREET AND NUMBER			GILI GIV	101. ZIP CODE		100	. CITIZEN OI	F WHAT COUNTRY?
FUNERAL	616 NORHURST WAY				21228			U.S.	
S	11 MADITAL STATUS	WAS DECEDENT EVER IN U.	S. ARMED		DECENDENT OF HISPAN			o- 14, RA	CE American Indian, ack, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 F YES, GIVE WAR OR DATE:	S NO		yes 2 NO Specify		B(C.)		ecify:
- 1								WHI	
	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	leted)	(Give kind of w	USUAL OCCUI rork done durin e milmet)	PATION g most of working			S/INDUSTRY	
٦		llege (1-4 or 5+)				MT.	ST. J	OSEPH	HIGH SCHOOL
COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	_4 I R	EGISTER	KED NU	18. MOTHER'S NA	ME (First, Middle,	Maiden Surns	ime)	
	PIUS LEO HEMLER					RINE JO			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet and Number or Rural	Route Number, City	y or Town, Sta	ite, Zip Code)	
일	GEORGE E. ANDREW	(HUSBAND)	616 1	IORHIIR	ST WAY CA	TONSVII	J.F M	D 21	228
	20a. METHOD OF DISPOSITION 1 🔂 Burial 2 🗆 Cremetion 3 🗆 Removal f	20b. Pt	ACE OF DISPOS	ITION (Name o	f cemetery, cremetory or			ON City or	
	4 Donation 5 Other (Specify)	WOO	DLAWN N	MEMORI.	AL PARK		EASTO	N, MAR	YLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	1/4/	0	22. NAM	E AND ADDRESS OF FA	CILITY	TITE	717E E	UNERAL HOMES
	VK. Chaig	Wiske.	A						LLE, MD. 21228
	23. PART I. Enter the diseases, or comp								Approximata
	ahock, or haert fellure. List of IMMEDIATE CAUSE (Finel								Interval Batwaan Onset and Deeth
	disease or condition	()Valla	u ca	Lucer	/ .				13/88-1/02
	resulting in deeth)	DUE TO (OR AS A CO	ONSEQUENCE OF	j:					17-
Z	D								
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF	J:					
길	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	ONSEQUENCE OF	n.					
	thet initiated events resulting in deeth) LAST	552 10 (611 75 7 60	SHIELD CHOC OF	,.					į
E	d								
DICAL	PART II. Other significant conditions con	ntributing to deeth but	not reaulting I	n the under	lying cause given in		WAS AN AUTO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8						1	YES 2 🗌 I	NO	COMPLETION OF CAUSE DF DEATH?
ME									1 TYES 2 NO
ä									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		OTHER:	6. PLACE OF DEATH (C/	neck only one)			
YSI		Inpatient 2 ER/Outpatie		4 - Nursing	Home 5 1 nesidence		•••		
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	: INJURY AT WORK?	28d, DESCRIBE	E HOW INJUR	RY OCCURED	'
BY	2 Accident Investigation	28e. PLACE OF INJURY —	At home form a			285 LOCATION	(Street and A	lumber or Bu	ral Route Number,
ED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)	At therms, taltin, a	miest, isciosy,	onica	City or Tow	n, State)	TOTAL CONTROL	ai riodio riumbol,
COMPLETED	29e. CERTIFIER								
MP	(Check only one) 1 CERTIFYING PHYSICIAN: (Check only one) 2 MEDICAL EXAMINER: On	: To the best of my knowleds the basis of axamination at							ne(s) and manner as stated
	- 10		The state of the s	in, in my opini					
8 H	29b. SIGNATURE AND TITLE OF CENTIFIER	0			29c. LICENSE NU	7PP7-	29	MATE SIGN	NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH	H (ITEM 27) (Type	Print)	1,)/	001		'//	(- '
	David H. Smith, M.				ue, Easton	MD 21	601		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI		AVEIL	uo, Lastuli	, PID 21	OUL		
	JAN 0 6 1992	Lelia Savidon 1	and Do						
	0 1332		-						DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or an TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. BALTIMORE, MARYLAND 212(IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

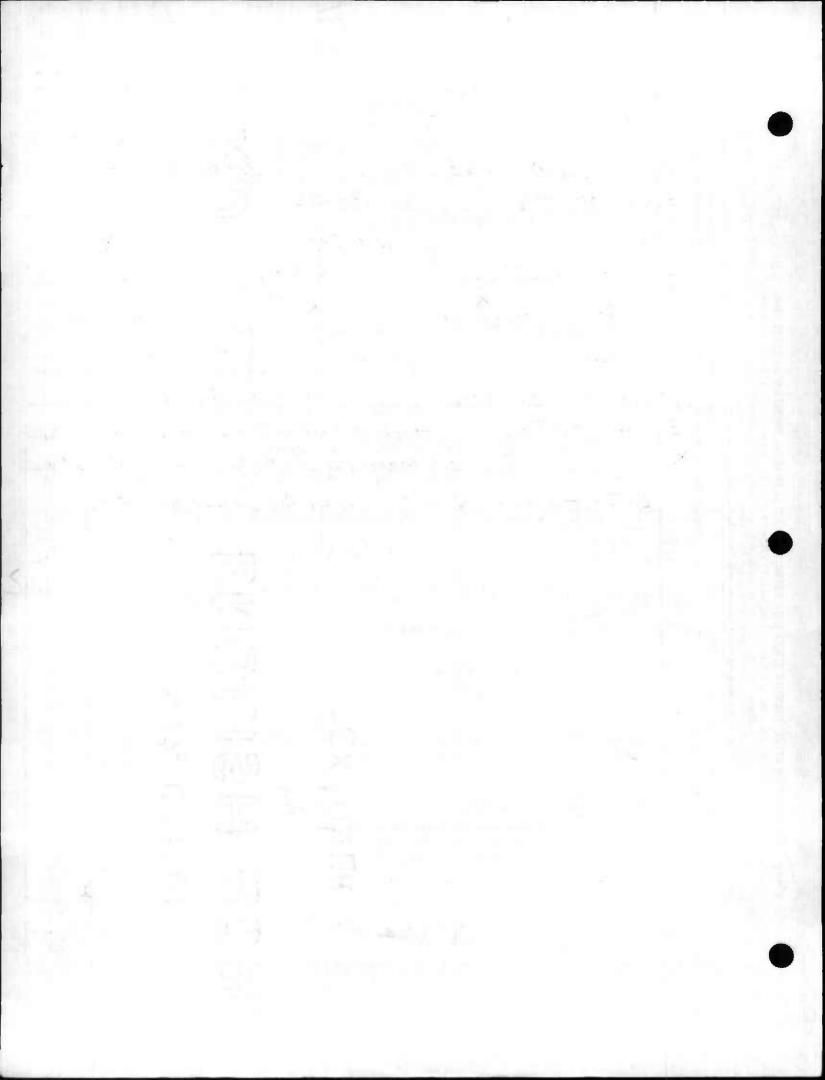
nsit permit. Pages 1, 2, 3 should

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should), or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TOTHE APPOINT DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE ELINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STA	TE OF MARYLAND / DEPARTI	A* . 4	MENTAL HYGIENE	2.0004
1 - STATE REGISTRAR		CATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, (ast)	Brit	Iton	2. DATE OF DEATH MONTH 3 - 92	ZEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX	, , , , , , , , , , , , , , , , , , , ,	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give street and of SAPM . 1403		BALTO		Y OF DEATH
10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 4)10 Glenhun	TRI	10f. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 12. WAS	S DECEDENT EVER IN U.S. ARMED RCES? 1 YES 2 NO PLES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 — YES 2 NO Specify		I. RACE — American Indian, Black, Whita, etc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	16a. DECEDENT'S US	rk done during most of working retired.)	18b. KIND OF BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last) FThuR B	rillon	18. MOTHER'S N	IAME (First, Middle, Maiden Surname))
19a. INFORMANT'S NAME (Type/Print) EUNA BriTT	19b. MAILING A	DDRESS (Street and Number or Rura	Route Number, City or Town, State, Zip C	mel 21229
20a. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Removal from Openation 5 Other (Specify)	20b. PLACE AND OATE of gemetary, crematory of	of DISPOSITION (Name	DATE 20c. LOCATION — CH	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF F	FACILITY	59/1/15 "8
BeTTS Fune	exy/ Wime	1125 11,	CAnaline	57
23. PART I. Enter the diseases, or compile shock, or heart fellure. List on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	y one cause on each line.	lonary		Approximeta Interval Betwee Onset and Day
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):		distast	2
PART II. Other significent conditions contri	ibuting to death but not resulting in	the underlying cause given i	n Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDING
			PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
		26. PLACE OF OEATH (COTHER:		
27. MANNER OF DEATH 26 1 Netural 5 Pending	Ba. DATE OF INJURY (Month, Dey, Year) 28b. TIME INJU		28d. DESCRIBE HOW INJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	Be. PLACE OF INJURY — At home, farm, str building, etc. (Specify)		28f. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
ana)	the best of my knowledge, death occurred to best of examination and/or investigation			
29b. SIGNATURE AND THE OF CERTIFIER	e Sals	29c, LICENSE N	•	SIGNED (Month, Day, Year)
30. MAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM 27), Type, I	56016	ach Ravo	Blick
31. DATE FILED (Month, Day, Year) 1AN 0 6 1992	PHOTOTRAP SIGNATURE ANTIVERS	5001	U CITICO.	2112

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

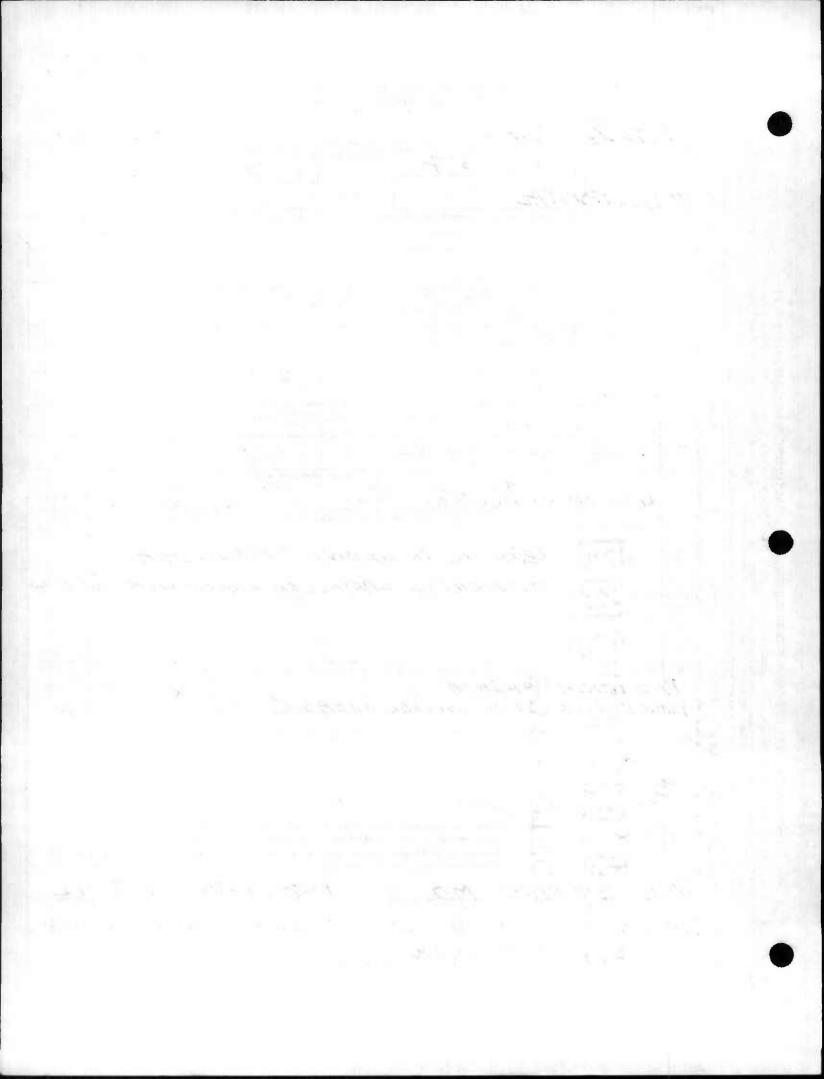
- 8			1)2/M 2 🗆 F	2 4	YRS. MON		HOURS MIN.	(Month, De		S.C.
CTOR	9a, FACILITY NAME (III	HOSPI	TAL			Balti	more	DEATH	9c. COUNT	TY OF DEATH
DIRECT	10a. STATE S.C.	10b. COUN	тү			veler	s Rest			10d. INSIDE CLIMITS?
ERAL	10e. STREET AND NUM	BER					. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY
	13 Bubb	ling C	reek				29690			USA
BY FUN	11, MARITAL STATUS 1 Never Married 2 3 Wildowed 4	1000	12. WAS DECEDEN FORCES? A IF YES, GIVE W KOTE			If yes, sp	ENDENT OF HISP ecify Cuban, Maxi 2 NO Spec	can, Puerto Ricer	, atc.)	14. RACE — American ir Black, White, atc. Black
PLEIEU		DECEDENT'S ED ly only highest gree ary (0-12)		(1	ECEDENT'S USU Give kind of work le. Do NOT use ret Labo	done during mo lired.)	ON est of working		of Business/INDU	
	17. FATHER'S NAME (FI		ler, Sr.				18. MOTHER'S N	Sue Pe	ari Mor	gan
מ	Watkins		t F.H.	1:	96. MAILING ADD	ugust	and Number or Rure	Green	ity,or Jown, State, Zin. 7111e, S	.C. 2960
	20e METHOD OF DISP 1 Burial 2 Crer 4 Donation 5 0	mation 3 🗆 Rei	moval from State	20b. PLAC	e and date of h 1ºamd' º	DISPOSITION ther place)	(Name	1/10	Greenv	rille, S.
	The same of the sa									
SATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirming to including to include. Sequentially list confirming to include.	or heert fellura	a LEFA DUE TO	use on each iin	PROGREDUENCE OF):	enter the mo	oda of dyling, so	ich as cardiac		
MEDICAL CERTIFICATION	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list con if any, leading to incause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign	or heert fellure (Finel on onditions, mmediata RRLYING injury s LAST	DUE TO C. DUE TO	OR AS A CONSI	PRO GREEUENCE OF): EQUENCE OF): EQUENCE OF):	ARYA	oda of dying, so	in Part I. 24	or respiratory arre	24b. WERE AUTOPS AMAILABLE PRI COMPLETION OF DEATH?
AN: MEDICAL	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign	or heert fellure (Final on onditions, mediata RLYING r Injury s LAST Ifficant conditions ACT ACT ACT ACT ACT ACT ACT ACT	DUE TO C. DUE TO	OR AS A CONSI	PRO GREEN CONTROL OF STREET CO	ARY R	oda of dying, so	In Part I. 24	OF respiratory arrespiratory arrespiratory arrespiratory arrespiratory of the control of the con	24b. WERE AUTOPS AMAILABLE PRI COMPLETION
AN: MEDICAL	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list on if any, leading to incause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign PART II. Other sign 25. Was CASE REFERE EXAMINER? 1 YES 2 DOWN	or heert fellure (Final on onditions, mmediata RRLYING r injury s LAST RED TO MEDICAL O	DUE TO C. DUE TO C. DUE TO	OR AS A CONSI	PRO GA EQUENCE OF): EQUENCE OF): Treaulting in the state of the stat	ARYN he underlyin 26. Pi THER: Nursing Hon	g cause given	in Part I. 24	A. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH?
PHYSICIAN: MEDICAL	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list on if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign PART II. Other sign 25. WAS CASE REFERE EXAMINER? 1 YES 2 DOWN 27. MANNER OF DEATH	or heert fellure (Final on onditions, mmediata RRLYING r injury s LAST RED TO MEDICAL O	DUE TO C. DUE TO	OR AS A CONSI	PRO GA EQUENCE OF): EQUENCE OF): EQUENCE OF): Treaulting in the control of the	ARY No see the see that the moderlying the underlying the underlyi	g cause given LACE OF DEATH (THE S INDUSTRIES TO NO RESIDENCY THE S INDUSTRIES TO NO	in Part I. 24	A. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH?
ED BY PHYSICIAN: MEDICAL	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list co If any, leading to incause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign 25. WAS CASE REFERE EXAMINER? 1 YES 2 SON 27. MANNER OF DEATH Natural 2 Accident	or heert fellure (Final onditions, mmediata RELYING Injury LAST INTERPORT CONDITION RED TO MEDICAL O INTERPORT CONDITION RED TO MEDICAL R	DUE TO OR AS A CONSI	PRO GA EQUENCE OF): EQUENCE OF): EQUENCE OF): Treaulting in the control of the	ARY No see the see that the moderlying the underlying the underlyi	g cause given LACE OF DEATH (THE S INDUSTRIES TO NO RESIDENCY THE S INDUSTRIES TO NO	In Part I. 24: Check only one) 28d. DESCRI	A. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH?	
D BY PHYSICIAN: MEDICAL	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list on if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign PART III.	or heert feilure (Final on onditions, mmediata RLYING r injury s LAST Difficant condition RED TO MEDICAL on red on	DUE TO TO DUE TO TO DUE TO DUE TO TO TO DUE TO TO TO DUE TO TO TO DUE TO T	OR AS A CONSI OR	PRO GA EQUENCE OF): EQUENCE OF): Treaulting in the country of th	ARY M anter the modern the moder	g cause given g cause given LACE OF DEATH (ne 5 Residence JURY AT JURY AT YES 2 NO ca a and place, and de	in Part I. 24: Check only one) 8 Other (S) 28f. LOCATIC City or R	a. WAS AN AUTOPSY PERFORMED? YES 2 NO NO (Street and Number war, State) a) and menner as state	24b. WERE AUTOPS AVAILABLE PRI COMPLETION OF DEATH? 1 YES 2

John C.

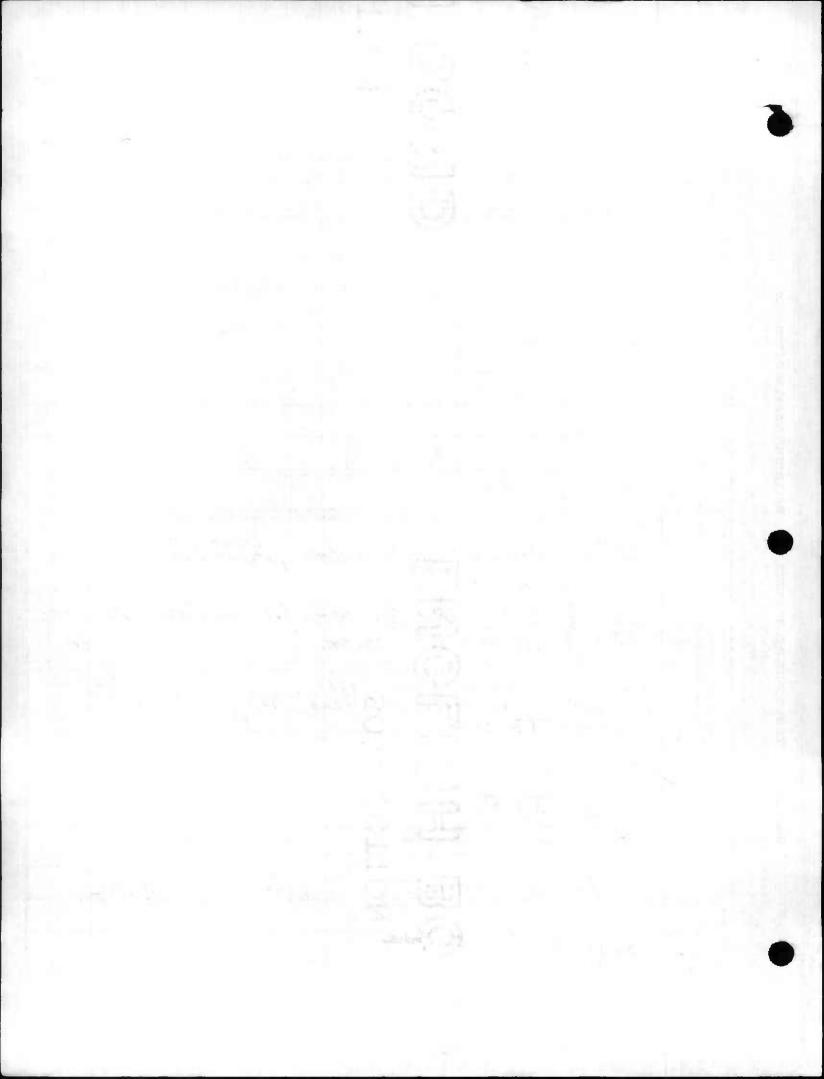
CERTIFICATE OF DEATH

Butler, Jr.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 0130 A 92 34 9c. COUNTY OF DEATH 10d. INSIDE CITY
LIMITS?
1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Bľack SINESS/INDUSTRY struction Sumerne) Morgan Le, S.C. 29605 reenville, S.C. ons Md. 21217 Lto., iratory arrest, Approximata Interval Between **Onset end Death** GY EARS N AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 NO 1 - YES 2 000 INJURY OCCURED and Number or Bural Boute Number, 29d. DATE SIGNED (Month, Day, Year)



	FOR		STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH	AND I	MENT	AL HYGIEI	VE.	26	. 0001;8
	- STATE REGISTRAR				ERTIF						REG. NO			
	1. DECEDENT'S NAME (First, Lydia		Berry	1.75						MON	TE OF DEATH	3.1	YEAR 992	3. TIME OF DEATH 1:47 P.M. M
	4. SOCIAL SECURITY NUMBI		5. SEX	8. AGE (In yrs. i	last birthday)	IF UNDER	1 YEAR	#F UNDE	24 HRS.	-	E OF BIRTH	5,1		NPLACE (State or Foreign
	212-38-2324		1 M 2 7 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, Year)	1904	Ma	ryland
	9s. FACILITY NAME (If not ins			07		9b. CITY, TOWN OR LOCATION OF DE				g. 20,		INTY OF I		
OB B	St. Josep					Towson							timore County	
[[TY. TOWN C	OR LOCAT	ION					_	10d. INSIDE CITY
DIRECTOR						Luth					Lin			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	ZIP COD				10.100		WHAT COUNTRY?
E	216 Melar	nchton	Avenue					210	93			U	JSA	
5	11. MARITAL STATUS	tur of	12. WAS DECEDEN	T EVER IN U.S.							SIN? (Specify Y	s or No—		CE — American Indian, ck, White, etc.
	1 X Never Married 2 3 Widowed 4 Divor	TANK AND ADDRESS OF THE PARTY O		MAR OR DATES	Į NO				Specify		o Rican, etc.)		Spe	cify:
BY														White
	15. DECE (Specify only	EDENT'S EDUC highest grade	CATION completed)	16s, i	Give kind of the Do NOT	work done	CCUPATIO	ON at of work	ing	1	66. KIND OF B	JSINESS/IN	DUSTRY	
	Elementary/Secondary (0-		College (1-4 or 5	+)										
AP	12			P	ayrol	II Su	perv	/isor			Balto.	Co.	Boa	rd of Educ.
COMPLETED	17. FATNER'S NAME (First, Mi	ddle, Last)						18. MOT	NER'S NA	ME (First	t, Middle, Maide	n Surname)		
BE	Jaspar Ma	uduit	Berry					He	elen			Leis	enri	ng
	19a. INFORMANT'S NAME (内	/pe/Print)			19b. MAILIN	G ADDRESS	S (Street a	nd Numbe	or or Rural i	Route Nu	imber, City or To	wn, State, Z	(ip Code)	
임	Thomas L.	Berry	/		1510	Fran	cke	Ave	nue	, Lo	utherv	ille, N	MD 2	1093
	20a. METHOD OF PISPOSITI	ON			CE AND DAT	E OF DISP	OSITION					OCATION -		and the second second second
	1 Burisi 2 Crematio		oval from Stats	of cemeta Met	ro C	y or other p	olace) tory			1/	5 Ca	tons	ville	,MD 21228
	21. SIGNATURE OF PLYNERAL			1 Wick		22.	NAME A	ND ADDRE	SS OF FA	CILITY			VIIIC	, MD 21220
	- / Noit	SOL	Lanson			L	emm	on-N	Mitch	nell-	Wiede	feld		
	Martin	D. La	wson			1	0 W.	Pa	doni	a R	oad, 7	imon	ium,	MD 21093
CERTIFICATION	immediate Cause (Fin disease or condition resulting in death) Sequentially list conditi fany, leading to immediates. Enter UNDERLYI	eart failure.	a. CONG	ESTVE O (OR AS A CONS	CAN	D10h	406	HIA	×/,	Co	NGEST our f	WE AN	UNE	Approximate interval Between Onset and Death Y RS Y RS Y RS Y RS
E	CAUSE (Disease or inju that initiated events	7	DUE TO	OR AS A CONS	SEQUENCE	OF):			1					
F	resulting in death) LAS	T	MIT	nor /	46	JR6	1779	7200)					YRS
PHYSICIAN: MEDICAL CI	(R) CE	nt condition 10 CA NEBA	a contributing to	t resulting	g in the underlying cause given in				Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO				No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
N N	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITT					LACE OF	DEATN (C)	heck only	one)			
Sic	1 TES 2 NO		HOSPITAL:	XER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 F	Residence	6 🗆 01	ther (Specify)			
=	27. MANNER OF DEATN		28a. DATE O		26b. TI			JURY AT		28d. C	DESCRIBE NOV	/ INJURY O	CCURED	
ВУР		Pending Investigation	(мопт),	Day, Year)		IJURY M		YES 2	□ NO					
	2 Deutside	Could not be	26s. PLACE	OF INJURY - AI	home, ferm	, street, fec	tory, offic	e e		26f. L	OCATION (Street	t and Numb	er or Rura	l Route Number,
邑		detsrmined	building	, etc. (Specify)						C	Ity or Town, Sta	te)		
COMPLETED	(Orlean dray		CIAN: To the best of											
ō	one) 2 MEDI	ICAL EXAMINE	R: On the basis of	examination and/	of Investigat	lion, in my	opinion,	sesth occ	ured at the	e time, d	lats and placs,	and due to	the cause	o(s) and manner se stated.
BEC	296. SIGNATURE AND TITLE	OF CERTIFIE	R	NI	_			29c. LI	CENSE NU	IMBER		29d. D/	ATE SIGNE	ED (Month, Day, Year)
	(110	417	JA K	h			7	288	812	_	•	1/4	192
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CA	JSE OF DEATN (I	TEM 27) (Typ	oe, Print)								•
	Vincent A	. DiP	ietro M	.D. 7	801 Y	ork	Roa	d. T	OWS	on	Maryl	and	2120	4
	31. DATE FILED (Month, Day,	Monel	22 DECISE	AFTS SIGNATURE				, I	0 11 3	J.17	mar y	4114	0	•
	JAN 0	6 199	2 Juna	WILL TO THE	Maritan									



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Progressing the retained by the hospital by attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral dimension and some 1.2 a character of the funeral dimension and some 1.2 a character of the funeral dimension and some 1.2 a character of the funeral dimension and for the funeral dimension and fundamental dimension and funda
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATN		3. TIME OF DEATH
	RUSSE						AY 199	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE OF BIRTH	- 177	6. BIRTHPLACE (State or Foreign
	407-10-9300	1 50M 2 F	81	YRS.	MONTHS DAY	8 HOURS	MIN.	(Month, Day, Year)		Country)
NC N	99. FACILITY NAME (If not institution, give THE JOHNS HO)	street and number) PKINS HOS	PITAL		96. CITY, TOW BALTI	N OR LOCAT MORE	ION OF DE	0,0,0		TY OF DEATH JAMOSE
5	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNT	Y			Baltimo					10d. INSIDE CITY LIMITS? 1 XC YES 2 NO
FUNERAL	100. STREET AND NUMBER 6720 Danville AN	renue				101. ZIP COC				LEN OF WHAT COUNTRY?
S	11. MARITAL STATUS	12 WAS DECEDEN	IT EVER IN U.S. AF	RMED	13. WAS (IIC ORIGIN? (Specify Yes		14. RACE — American Indian,
BY				NO	If yee,	specify Cub ES 2 NO	en, Mexica	n, Puerto Rican, etc.)		Black, White, etc. Specify: White
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCCUP	TION		16b. KIND OF BU	SINESS/INDL	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	(ife	. Do NOT us	work done during sa retired.) U fac			Bethle	ehem S	teel (orp.
	17. FATHER'S NAME (First, Middle, Last)		Brown			18. MOT		ME (First, Middle, Melden	Sumame)	
TO BE	Viola V. Brown		19	b. MAILING	ADDRESS (Street	et and Numbe	r or Rucul F	Pourte Mumber City or Tou	n, State, Zip	Code)
	20e. METNOD OF DISPOSITION						· Da	lto., Md. 2		
	1 Buriat 2 Cremetion 3 Rem	oval from State	cemetery en							ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	- I Var	Lawn		AND ADDRE	SS OF FA	- /-	s stude	ia, ma.
	· (1.1)	m. h.	1.						0	6224
-	22 PART I Fater the disease	v Ju	~~~		Chai	ues s	· Lei	ler & Son	Inc.	6224 Eastern Ave.
	23. PART I. Enter the diseases, or ahock, or heart failure.	List only one cau	t caused the de isa on each line	eath. Dor L	not anter tha i	node of dy	ing, auci	h aa cardiac or respi	ratory arre	at, Approximata interval Batwee
	iMMEDIATE CAUSE (Final disease or condition	01.								Onset and Daa
H	resulting in death)	· Pren	(OR AS A CONSE							7 0-75
_		000 10	(OH AS A CONSE	OUENCE O	r):					
Ó	Sequentially list conditions, if any, leading to immediate	b DUE TO	(OR AS A CONSE	DUENCE OF	F):					
PA	cause. Entar UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE OF	F):					
CERTIFICATION	resulting in death) LAST	d,								
	PART II. Other significant condition	a contributing to	death but not r	asulting i	in the underly	ing cause	given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING
MEDICAL								PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 PYES 2	∐ NO	OF DEATH?
- 4								-		1 TYES 2 NO
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE OF D	EATN (Che	ick only one)		
S	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 Re	eldence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM	E OF 28c. i	NJURY AT		28d. DESCRIBE HOW I	NJURY OCCL	JRED
BY	1 Netural 5 Pending 2 Accident Investigation		ay, roury			VORK? YES 2	NO			
	3 Suicide 6 Could not be	26e. PLACE O building,	F INJURY - At ho atc. (Specify)	me, farm, s	treet, factory, of	fice		281. LOCATION (Street e City or Town, State)	nd Number o	r Rural Route Number,
	4 Nomicide datermined						_ 1	ony or rown, ordina		
COMPLETED	29e. CERTIFIER (Check only one)	CIAN: To the best of	my knowledge, de	ath occurre	ed at the time, de	its end piece	, end dua	to the cause(e) end men	ner ee atate	d.
8	2 MEDICAL EXAMINE	R: On the beele of a	camination end/or i	Investigation	n, in my opinion	death occur	red at the f	time, date end place, en	d due to the	ceuse(e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		. 4 . 65			29c. LICI	NSE NUM	BER	29d. DATE	SIGNED (Month, Day, Year)
2	Muchael h. Mis	and m	01540 1	nedico	al fellow				> (/	2/52
-	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITE	М 27) (Туре,	Print)		-			
	michael A.mapes	TT 600	N. Wall	-2 St	. , B-1+	have	Mb	713-22		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE							
	JAN 0 6 19	92 July	a Varidson	Rend	a Steam					
		0								DNMN-16 Rev 1

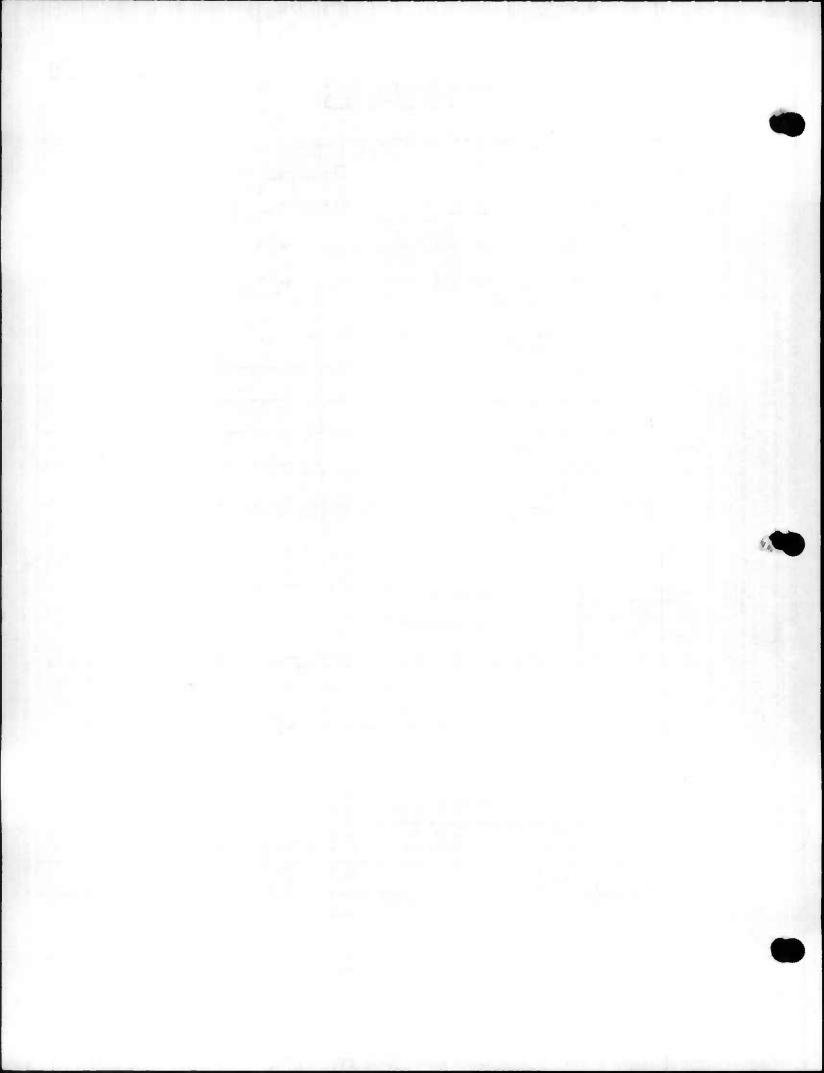
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DIVISION OF VITAL RECORDS, P.O. BOX 13	TO THE HOSPIAL OF TURNING PHYSICIAN: The law requires that the death certificate be exec	TO THE FLINERAL CONCLUS. And this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bu	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumat
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In the funeral man this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGI	ENI
CERTIFICATE OF DEATH	REG.	NO.

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPARTI	MENT OF HE		ENTAL HYGIEN		_ 00000
1. DECEDENT'S NAME (First, Middle C/APGNC)	- n V)	uens S	e		2. DATE OF OEATH		3. TIME OF DEATH PN 2 12:05
4. SOCIAL SECURITY NUMBER 217_07-5666 9a. FACILITY NAME (If not institution)	1 € M 2 □ F	74 YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Year) 01 14 1	- V	BIRTHPLACE (State or Foreign Country) Maryland
South 48'th S	treet 504		Dundalk	LOCATION OF DEA	in	Balti	
Maryland E	county altimore	10c. CITY, Dunda	TOWN OR LOCATION)M			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER South 48 th S	treet 504			21224		_	d States
11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	IF YES, GIVE WAR	YES 2 NO		ify Cuban, Mexican,	ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No- 14	. RACE — American Indian, Black, White, etc. Specify: White
(Specify only high	IT'S EDUCATION lest grade completed)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during most		16b. KIND OF BU	JSINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Welder					rs- Automobil
17. FATHER'S NAME (First, Middle,	urns			16. MOTHER'S NAM Lenora	E (First, Middle, Maide Se	ton	
190. INFORMANT'S NAME (Typo)F Pearl Burns	rint)				ute Number, City or To 4 Dundalk		
20a. METHOD OF DISPOSITION 1 2 Buriel 2 Cremation 3 4 Donation 5 Other (Spe		20b. PLACE OF DISPOSIT Oak Lawn					y or Town, State lk, Md.
21. SIGNATURE OF FUNERAL SE	a Chom	ichi	1005		Ave. Bal		d. 21224 l Chapel P.A.
shock, or heert IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. Malig	Nant hate		a. HR munau	thigh desense	0)	t, Approximate Interval Betwee Onset end Dec
Sequentielly list conditions if any, leeding to immediet cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	R AS A CONSEQUENCE OF):					
PART II. Other algorificent of	onditiona contributing to de	ath but not resulting in	the underlying	cause given in F		N AUTOPSY DRMED? 2 @ NO	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		26. PLA	NCE OF DEATH (Che	ck only one)		
1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF IN	JURY 28b. TIME	OF 28c. INJU		Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
1 Natural 5 Pend 2 Accident Invei	atigation 28s. PLACE OF I	NJURY — At home, farm, str	M 1 TYE	ES 2 NO	281. LOCATION (Stree City or Town, Stat	t and Number or	Rural Route Number,
3 Suicide 6 Coul	d not be building atc	a fabranilly			ony or lown, old		
3 Suicide 6 Coul 4 Homicide 6 Coul 29e. CERTIFIER	mined building, etc	knowledge, death occurred	at the time, date a	and piece, and due t	o the cause(s) and m	enner as stated	
3 Suicide 4 Homicide 6 Coul dete 29e. CERTIFIER (Check only	d not be building, etc						
3 Suicide 4 Homicide 6 Coul dete 29e. CERTIFIER (Check only	on ot be building, etc. NO PHYSICIAN: To the best of m. EXAMINER: On the best of exam		, in my opinion, de		ime, date and place,	end due to the	
3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL 29b. SIGNATURI AND TITLE OF	NO PHYSICIAN: To the best of my EXAMINER: On the best of exer CERTIFIER	nination and/or investigation	, in my opinion, de	ath occured at the t	ime, date and place,	end due to the	cause(e) and manner as stated

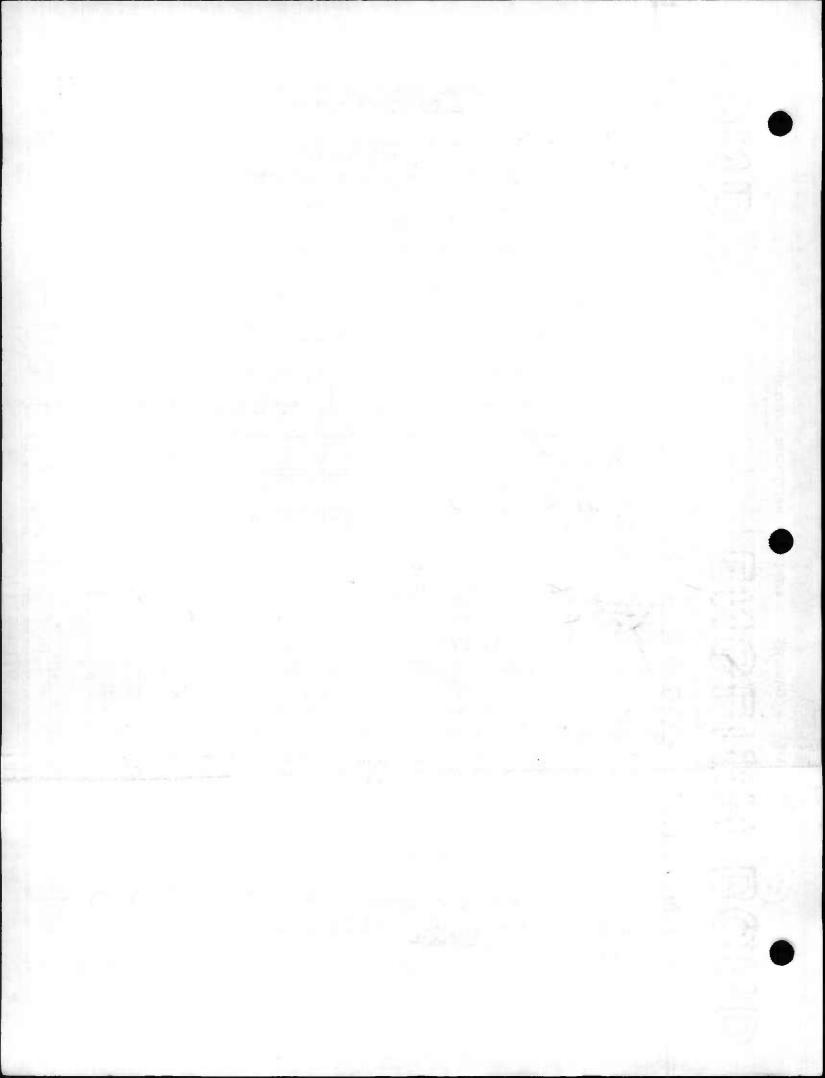


permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

With the first or ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOWN THE RESEARCH THIS CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-transit	be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INFORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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. DECEOENT'S NAME (First, Middle, Lee)	ock						OATE OF OEATH	DAY 9	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	irthday) IF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. 0	ATE OF BIRTH Month, Day, Yea		8. BIRTHPI Country)	LACE (State or Foreign
217-26-6728	1 🗆 M 2 📉 F	78	YRS.			02	/28/13	1	West	Virginia
Liberty Medical				r, rown o Balti	more	OEATH			TY OF DEA	ore City
RESIDENCE OF DECEDENT 10b. COUNT	Υ		10c. CITY, TOWN	OR LOCAT	TON					IOd. INSIDE CITY
,	cimore Ci	ty			Baltin	ore	!		_	LIMITS?
00. STREET AND NUMBER 1308 Berry Stre	eet			10	ZIP CODE 212					
1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	FORCES? 1	NT EVER IN U.SXARME YES 2 NO MAR OR DATES	ED 1	If yes, sp	ENDENT OF HISP ecify Cuban, Mex 2 X NO Spe	can, Pu		- American Indien, White, etc. :		
15. OECEDENT'S EOL (Specify only highest grade Elementary/Secondary (0-12)		+) (Give	EDENT'S USUAL kind of work do to NOT use retired	ne during mo f.)			16b. KIND OF	BUSINESS/INO		
7. FATHER'S NAME (First, Middle, Last)		Ноп	nemaker	_	18. MOTHER'S	NAME (F	īrsi. Middle. Ma	iden Sumame)		
Allen R. Abbott								y Fran	nklin	1
9e. INFORMANT'S NAME (Type/Print)					and Number or Rur	el Route	Number, City or	Town, State, Zip	Code)	
Herman J. Bock					treet.	Bal				
toe_METHOD OF DISPOSITION A Burlet 2 Cremation 3 Ren Donation 5 Other (Specify)	noval from Stata	of cemetary, or	no DATE OF OI	sposition of place) Momor	Name	·k .		vkesvi		n, sum Maryland
1. SIGNATURE OF FUHERAL SERVICE LI	ICENSEE	/ CLEST			ND ADDRESS OF			ykesvi.	110,	raryran
* Xinon	BOY		В	urgee	-Henss	Fur	eral F	lome .		
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finsi disease or condition	complications the	at caused tha deat use on each line.	th. Do not en	63T I	Falls Ro	ad.	Balti cardiac or r	more.	Maryl	Approximate Interval Betv
shock, or heart failure. IMMEDIATE CAUSE (Finsi	a. Due To	at caused tha deat use on each line. PS(S) FOR AS A CONSEQUE O (OR AS A CONSEQUE) O (OR AS A CONSEQUE) O (OR AS A CONSEQUE)	HENCE OF):	631 I	Falls Ro	ad .	Balti cardiac or r	more 1	Maryl	Approximate Interval Betv
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strould be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part of the residual by the attending physician and completely filled in by the funeral defense and other formation, or removal. The following the detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

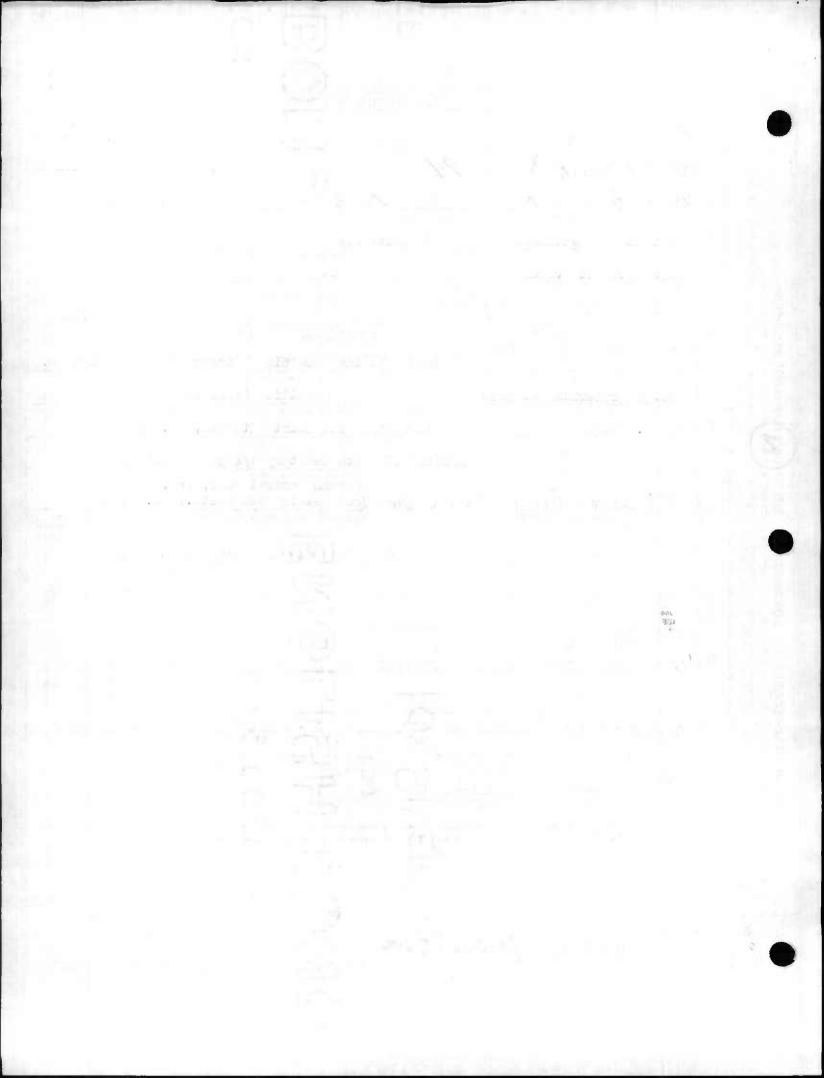
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ained by the hospital or attending physician. MARYLAND 21215-0020

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21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASS AIN FUNETAL HOME, Inc. 7401 Belair Road Baltor, Md. 21236 Approximate enhances of condition that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory erreat, intervite Belairs. List only one ceuse on such line. Approximate intervite Belairs. List only one ceuse on such line. DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A DUE TO (OR AS A CONSEQUENCE OF): C V A 246. WAS AN AUTOPSY PROFILE PROFI	1 D Burial 2 Cremation 3 Ren	noval from State	of complete completes	named and a second to second and a second an						
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BALTIMORE, MARYLAND 2

BOX 68760,

P.O.

VITAL RECORDS.

DIVISION OF

permit. Pages 1, 2, 3 should

92 00053 STATE OF MARYLAND / DEPARTMENT OF DEATH
REGISTRAR Marie Rose Bridges CERTIFICATE OF DEATH STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 MARIE 40 BRIDGES 19 R. 1 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 215-24-9683 1 M 2 DF May 24, 1896 Maryland 9a, FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore County General Baltimore Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Baltimore . 1 YES XIXNO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6825 Campfield Road # 7 B 21207 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Davis Real Estate 12 years Chase, Fitzgerald & 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Otto J. Rose Reisinger Georgina BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) J. Ralph Bridges 1127 Concordia Drive Towson, MD 29s METHOD OF DISPOSITION
| Burlel 2 | Cremation 3 | Removal from State
4 | Donetion 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Parkwood Cemetery 1/6 Parkville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Balto., MD Dawy 0 8521 Loch Raven Blvd 21204 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition STROHE resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) DEMENTIA CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in daeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? HYPERTENTION 1 | YES 2 | NO ATRIAL FIBRILLATION. 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 D inpatient 2 ER/Outpatient 3 DOA OTHER ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, atreet, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 041323 M.D. 1-2-92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DANIEL ROSLER 806 H

32. REGISTRAR'S SIGNATURE
This Davidson Andelle

JAN 06 1992

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1	-	STATE REGISTR	AR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATN		3. TIME OF DEATN	
	A. Sydney Bainl	oridge					MONTH DAY YEAR 1 1992				
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			NPLACE (State or Foreign	
JR.	139-03-2657	1 € M 2 □ F	82		ONTHS DAYS	HOURS MIN.	8-3-I	909	Vir	fry). ginia.	
	9a. FACILITY NAME (If not institution, give street and number) 2 Juliet Lane #103 9b. CITY, TOWN OR LOCATION OF DEATH Perry Hall Baltimore										
5	RESIDENCE OF DECEDENT					7			, COL 0 2		
)IRE	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Perry Hall .						10d. INSIDE CITY LIMITS?				
7	10e. STREET AND NUMBER									1 TYES 2 NO	
FUNERAL DIRECTOR	2 Juliet Lane #103			10f. ZIP CODE 21236			,			WHAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT E	ER IN U.S. ARI	J.S. ARMED 13. WAS DECENDENT OF HISPA			NIC ORIGIN2 (Specify Veg or No. 1		14 BAC	E — American Indian,	
BY F	1 Never Married 2 Merried FORCES? 1 YES 2 3 Widowed 4 Divorced FYES, GIVE WAR OR DATES			XNO If yes, specify Cuben, Maxicen, Puerlo				n, etc.) Black, Whife, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY				
PLE	Elamentary/Secondary (0-12) College (1-4 or 5+) 12 years			(Give kind of work done during most of working life. Do NOT use relimed.) Electrical Engineer			U. S. Government Edgewood, Md.			nt	
8	17. FATHER'S NAME (First, Middle, Last)						IAME (First, Middle, Maiden Surname)				
Ö	Augustus Bainbr	ridge						mily Coo			
BE	19e. INFORMANT'S NAME (Type/Print)	-0-	106	MAILING A	DDRESS /Stmat			City or Town, State, Z	-		
2	Rose Marie Bain	bridge								236	
	20a. METHOD OF DISPOSITION	DIIGO				et Lane # 103 Baltimore, Md. 21236 DATE 20c. LOCATION - City or Town, Stata					
	1 Burlet 2 V Commettee 2 Paragraf from State						Baltim	altimore, Md.			
İ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AND ADDRESS OF FACILITY							
	Lesselles Tu	nerel 1	Em E		Lass	ann rune	eral Ho	me /401	Rera:	ir Rd. 21236	
CERTIFICATION	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Co. 10 to 10 t										
ERTI	resulting in death) LAST	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
	PART if Other significant condition	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	organical condition	itti but not re	resulting in the underlying cause given in P			Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL										
S	EXAMINER?	HOSPITAL:			26. PL	ACE OF DEATH (C	neck only one)				
448	1 YES 2 S NO 27. MANNER OF DEATH		Outpatient 3	DOA 4	☐ Nursing Nome		8 Other (Sp				
	1 Natural 5 Pending	(Month, Day Ve		28b. TIME C	Y WO	28c. INJURY AT WORK?		28d. DESCRIBE NOW INJURY OCCURED			
B	2 Accident Investigation			M 1 YES 2 NO							
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At home, farm, streaf, factory, office building, atc. (Specify)				28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mc							(Month, Day, Year)			
2	Mar & Strong is				032573			•	► 113 92		
>	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mark Stromberg, M. D. 7505 Osler Dr. (Odea Med.Bldg.) Suite 410 Towson, Md.										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	OAN 0 0 1992	JAN U 6 1992 Julia Savidson-Randelle									



DHMH-16 Rev 1/89

attending physician. ise as the burial-transit permit. Pages 1, 2, 3 should

21215-0020

BALTIMORE, MARYLAND

- - - - - e ca la ciento e dista

YEAR

920

USA

Specify

92

3. TIME OF DEATH

Maryland

6. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

Approximate

24b. WERE AUTOPSY FINDINGS

DF DEATH? 1 TYES 2 NO

AVAILABLE PRIOR TO COMPLETION DF CAUSE

Interval Between

Onset and Death

1 X YES 2 | NO

nding physician.

215-0020

BALTIMORE, MARYLAI

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within BOX 68760, DIVISION OF VITAL RECORDS, P.O.

After this certificate has been a death with the State Dept. of H s marked, or Hem 23 show

28 is marked,

BY

COMPLETED

BE

2

Accident

3 Suicida

29a. CERTIFIER

4 Homicide

30. NAME AND ACCURE

296. SIGNATURE AND TITLE OF CERTIFIED

Investigation

datarmined

6 Could not be

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ELOIS KATHERINE BURKE 01 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 215-09-HOURS SRIN. 1 M 2 WF YRS. April 17 9a. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR timore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore City 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6225 York Rd. Apt. 301N 21212 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) 12 Years College (1-4 or 5+) Teller Bank 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robinson Binau Anna Fisher BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael V. Burke 25 Lincoln Woods Way, Perry Hall, Md. 20s. METHOD OF DISPOSITION
1 Dariel 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State 1/7/9⊉ Baltimore, Md. 21. SIGNATURE OF TUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY James F. Mitchell-Wiedefeld Home, Inc. Burnside, Jr. 6500 York Rd. Baltimore, Md 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory errest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel Cerebrovalcular Accident disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** 1 TES 27 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH (Month, Day, Year) WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural

> CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. NNER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29c. LICENSE NUMBER 29d. OATE SIGNED (Morgh, Day, Year) 9

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

VES T

2 NO

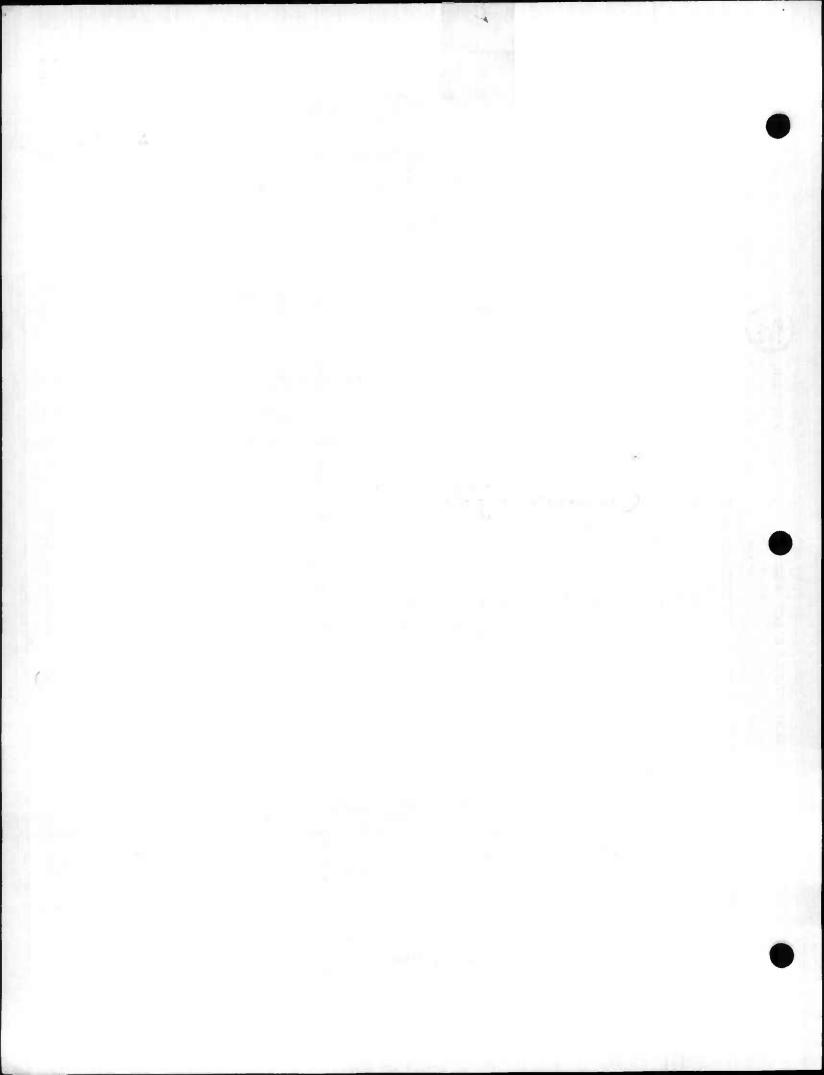


ANCARI 32. REGISTRAR'S SIGNATURE 31. OATE FILEO (Month, Day, ulia Davidson-Randell 6 1992

28s. PLACE OF INJURY --building, str. (Specify

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson-Randelle



	FOR	
1	STATE	
•	REGISTRAR	

hospital or attending physician. Inched for use as the burial-transit permit. Pages 1, 2, 3 should

ND 21215-0020

BALTIMORE,

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF I		/ DEPAR ERTIF					MENT	AL HYGIEN REG. NO.	E	Score .	
1. DECEDENT'S NAME (First, Mid	ddle, Last)								2. DA	TE OF DEATH			3. TIME OF DEATH
WILLIAM				В	BOND				0 1	итн ди 0.4	199	YEAR	2:23 A M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRT	HPLACE (State or Foreign
216-38-7343		1 X M 2 🗍 F	47	YRS.	MONTHS	DAYS	HOURS	sen.	05-	02-44		MA	RYLAND
9a. FACILITY NAME (If not institu					9b. CITY	, TOWN C	OR LOCATIO	ON OF D	EATH		9c. COU	NTY OF E	PEATH
ST.AGNES H		CAL			BAI	TIM	ORE						
RESIDENCE OF DECED	b. COUNTY			T 40 - 0/2									
	BALTIN	ORE			Y, TOWN O		ION						10d. INSIDE CITY LIMITS?
10e, STREET AND NUMBER							700.000						1 YES 2 X NO
1045 GROVE H	ILL RO	DAD				101	ZIP CODE	227				S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Mar 3 Widowed 4 Divorced	ried	FORCES? 1 IF YES, GIVE V	XXES 2	ARMED NO		If yea, sp	ENDENT O	n, Mexics	n, Puert	GIN? (Specify Yes o Rican, etc.)	or No—	Spec	E — American Indian, k, White, atc. //y: ITE
15. DECEDE (Specify only hig	NT'S EDUCAT		16e. E	ECEDENT'S	USUAL O	CCUPATIO	N		1	6b. KIND OF BUS	INESS/INE		
Elementary/Secondary (0-12)		College (1-4 or 5-	·) "	ILE DE	se retired.)		st of workin	ng		CONSTRU	JCTIC	ON	
17. FATHER'S NAME (First, Middle LEONARD W.	BOND						GAF	RNET	((EORGE)			
19a. INFORMANT'S NAME (Type/ NANCY BOND (WIFE)		1	96. MAILING 1045	ADDRESS 5 GRO	OVE 1	nd Number HILL	or Rural I	Route Nu D	ARBUTUS		Code)	1227
20a METHOD OF DISPOSITION 1 Aburlal 2 Cremetion 4 Donation 5 Other (Spe	3 🗆 Ramova	I from State		AND DATE O				CERY	1/		GARRI		wn, State FOREST, MD
21. SIGNATURE OF FUNERAL SE	RVICE LICEN	tell of	Agun	Ċ	L	EROY		RUS	SELI	C WITZ			RAL HOME ILLE,MD 2122
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSI	EQUENCE OF	η:	16	an	chi	na	rcoll	W 1.	(ke	Onset and Death
PART II. Other significant of	- ///	contributing to	death but not	resulting i	n the un	derlying	cause g	iven in	Part I.	24s. WAS AN A PERFORM	AED?	246	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO ME EXAMINER?	The second second second	IOSPITAL:			-		ACE OF DE	EATH (Che	ok only	s/w/		*	
I (XYES 2 □ NO		Impatient 2	ER/Outpetient	XI DOA	4 Nurs		5 🖂 Res	sidence	a 🗆 on	ver (Specify)			
27. MARINER OF DEATH S Pend 2 Accident invest	ling Higation	See. DAYE OF (Month, D.		28th TIME INJU	E OF URY M	1 Y	RK7	NO.	29d. D	ESCRIBE HOW IN	JURY OCC	UMED	
3 Suicide 6 Coul		28s. PLACE Of building,	F INJURY — At b atc. (Specify)	ome, farm, si	treet, fecto	ory, office			28f, LO	CATION (Strout on y or Town, State)	of Number	or Flural R	loute Numbec
29a. CERTIFIER (Check only one) 1 CERTIFYII	EXAMINER: (N: To the best of On the basis of a	my knowledge, d amination and/or	esth occume	d at the ti	me, data :	and place,	and due	to the c	euse(s) and mann	due to the	ed.	and manner as stated.
296. SIGNATURE AND FITLE OF		29	no				29c. LICE				29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF RES	BON WHO O	OMBI ETER DATE	E OF DESTRUCT				0.C	. М.	E		01	-04	-1992
FARAKET.	GER	ETTINA	CONDEATH (ITE			J 97	יםקקי	ים ידי	 Λ T T	TMODE	MAD	X7 T A 1	ND 21201
JAN 0 6	1992	32. REGISTRA	R'S SIGNATURE				11010	, D	a Li I	THOKE,	MAK	ΙΙΑ	ND 71701

10 vot

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death. Page 6 may be learned to THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 metrics and filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

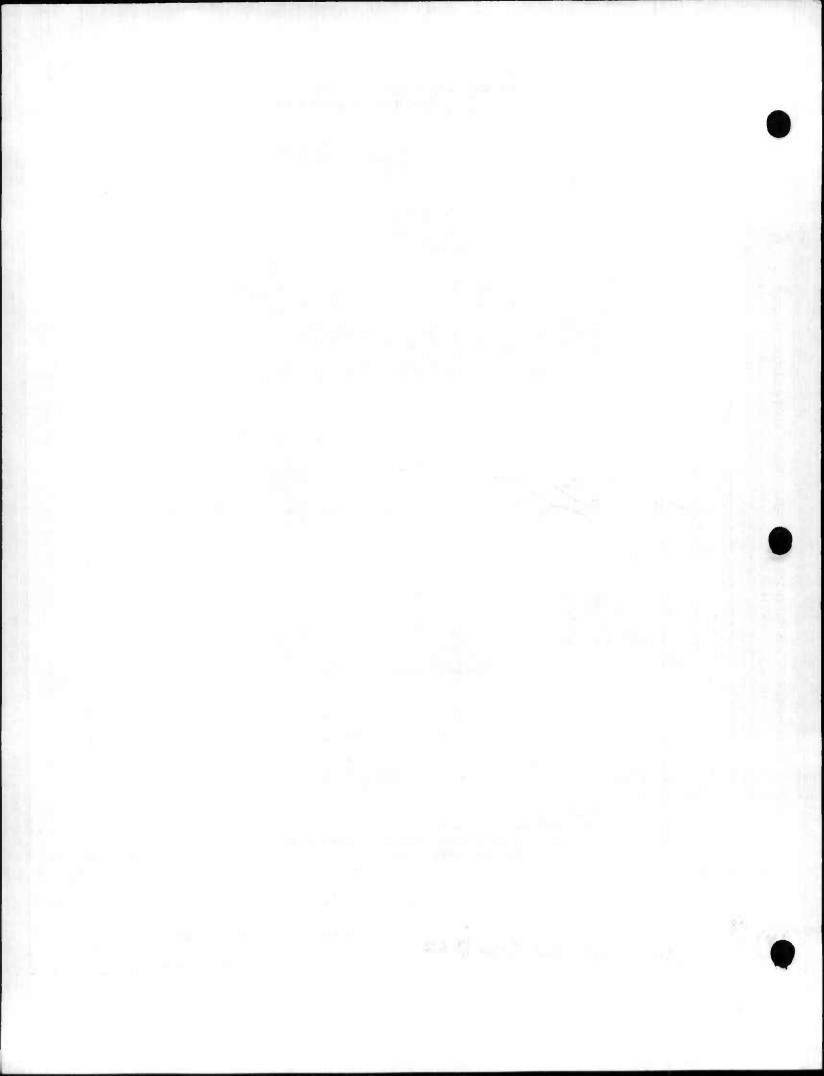
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Continue
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OF	DIOVUG
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	COLTAI

	1. DECEDENT	T'S NAME (FIR	rs), Middle, Last)			CERTIF	ICAI	E OF	DEATI		REG.			
	,			ERKOWITZ							NTH ,	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SI	ECURITY NUM	MBER	5. SEX	6. AGE (In yrs. lest birthday)		ER 1 YEAR	IF UNDER 24	/0.0	TE OF BIRTI		8. BIRTH	IPLACE (State or Foreign
		5-870		1, XM-2 □ F	76	YRS.	MONTHS			MA	onth. Djfy, 16 Y 23,		BAI	LTIMORE
TOR	29	VERSI	TY HOS	PITAL				LTIM	ORE	OF DEATH		9c. CO	UNTY OF D	ЕАТН
- DIRECTOR	10a. STATE MARYL	AND	10b. COUNT	TY .			y, town LTIM	OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1263		S STRE					10	1. ZIP CODE 212	223			.S.A.	VHAT COUNTRY?
BY	11. MARITAL: 1 Never N 3 Widowe			12. WAS DECEDE FORCES? IF YES, GIVE	1 X YES	2 NO If yea, specify Cuban, Maxic 1 YES 2 TNO Specific Sp					GIN? (Specif to Rican, atc	y Yes or No	Black	- American Indian, c, White, etc.
PLETED	Elementar	15. DE (Specify of		College (1-4 or 9	5+)	18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) OFFICE WORK					166. KIND OF BUSINESS/INDUSTRY MORTGAGE COMP			
BE COMPL		17. FATHER'S NAME (First, Middle, Lest) UNKNOWN BERKOWITZ 19e. INFORMANT'S NAME (Type/Print)					HOLE		18. MOTHEI RUTI	N'S NAME (First	t, Middle, Ma	alden Surname)	201101	
10	NANCY	FARM	ER			19b. MAILING	D2 J	OH A	and Number or VENUE-	Aural Route Me BALTI	MORE,	MD • 2	1229	
	4 Donatio	2 Cremet n 5 Cothe	lon 3 🗆 Rem er (Specify)	cema	PLACE AND DATE of the latery, crematory or of RRTSON_	ther place.	ST C	EMETER	RY 1		LOCATION - WINGS			
	1	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE—BALTIMORE, MD. 212 23. PART L'Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause are arrived as a shock or heart failure.											Ф. 21229	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. J PLILLISTIC. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):													
ERTIFICATION	if any, lead cause. Ente CAUSE (Dis that initiate	ing to Imme or UNDERLY lease or inj d events	ediate YING jury	b. Due To	Y PL O (OR AS A		F):			slas				
IEDICAL CERTIFICATION	if any, lead cause. Ente CAUSE (Dis that initiate resulting in	ing to immer UNDERLY sease or injud events death) LAS	ediate YING Jury	b. Due To	O (OR AS A	CONSEQUENCE OF	F):	nderlyln	g cause give		24a. WA!	S AN AUTOPSY RFORMED? S 2 2 100		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDICAL	if any, lead cause. Ente CAUSE (Die that initiate resulting in	ing to Immer UNDERLY sease or Injudy events death) LA:	ediate // // // // // // // // // // // // //	b. Due To	O (OR AS A	CONSEQUENCE OF	F):			on in Part I.	24a. WA. PEF 1 YE	RFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	if any, lead cause. Ente CAUSE (Die that initiate resulting in PART II. Oti	ing to immer UNDERLY iease or inject events ideath) LA: her signific	ediate // // // // // // // // // // // // //	b. Due To	O (OR AS A	CONSEQUENCE OF	F):	26. PL	ACE OF DEAT	en in Part i.	24a. WAN	RFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	if any, lead cause. Ente CAUSE (Die that initiate resulting in PART II. Ott	ing to immer UNDERLY lease or inj d events death) LA: her signific RRFERRED R? 2 NO DF DEATH el 5	ediate // // // // // // // // // // // // //	b. DUE TO C. DUE TO d. HOSPITAL: 1 Inpution 2	O (OR AS A O (OR AS A O death bu	CONSEQUENCE OF	OTHE	28. PL R: rsing Hom 28c, INJ WO	ACE OF DEAT	H (Check only	24a. WAAPEF 1 YE	RFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.		
	JUANITA	ESTELL	E	BROO	KS	2. DATE OF DE		92	3. TIME OF DEATH 7: 10P M
	4. SOCIAL SECURITY NUMBER 216-54-1512	1 □ M 2X□ F 42	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIG (Month, Day, DEC. 9,	Year)	Cour	THPLACE (State or Foreign attry) ARYLAND
TOR	9a. FACILITY NAME (If not institution, give s 4048 WILKENS RESIDENCE OF DECEDENT			9b. CITY, TOWN C	OR LOCATION OF DEA	ATH	9	BALTIN	DEATH
DIRECTOR	10a. STATE 10b. COUNT	TIMORE		TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 [X] NO
FUNERAL	100. STREET AND NUMBER 4048 WILKENS AVE	ENUE		101	21229		G	U.S.A	WHAT COUNTRY?
В	11, MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 V NO	13. WAS DEC If yes, spi 1 YES	ENDENT OF HISPANIC polify Cuban, Maxican, XXX NO Specify:	Puerto Rican,	etc.)	No— 14. RAC Bian Spe	CE — American Indian, ck, Whita, etc. City: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+) YRS ±	(Give kind of w life. Do NOT use	ork done during mo retired.)	SUAL OCCUPATION rk done during most of working redired.) 16b. KIND OF BUSINESS/INDUSTRY				
MO	17. FATHER'S NAME (First, Middle, Last)	IKD ±	ADMINIS	IKATIVE	18. MOTHER'S NAM		KING	mame)	
BE	JOSEPH ALSTON JC	OHNSON	Top MAILING	ADDRESS (S.	HAGAR LE	ONA TU	RNER		
2	JOHN W. JOHNSO	ON, SR.			RD., PASA				
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from Stata Cen	PLACEAND DATEO netery, crematory or oth DUDON PAR	ner place)		DATE		FION — City or T	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSILE	AL)	22. NAME AN	D ADDRESS OF FACI RD FUNERA	LITY		TIMORE	
	1 lus a	-/1	1	4107 1	ITIKENS A	VENUE 1	RAITT	MODE M	D. 21229
	23. PART I. Enter the diseases, or chock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. SEPSIS	consequence of): 		ea cardiec o	r reepirat	ory arrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF	:	BESS				
		d							
BY PHYSICIAN: MEDICAL	PART II. Other significent condition	a contributing to deeth b	ut not resulting in	the underlying	cause given in Pa	F	WAS AN AUT PERFORME VES 2	D?	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHT
A	25. WAS CASE REFERRED TO MEDICAL								
SIC	EXAMINERY 1 Q YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Check	-	400		
зу РНУ	27. MANNER OF DEATH 1 Natural 5 Panding 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	286. TIME INJU	OF 28¢ INJU	HY AT 2	Pad. DESCRIBE		RY OCCURED	
TED	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	At home, ferm, str dy)	reet, factory, office	2	City or Town	(Street and) , State)	Number or Runif	Poute Number
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSIC CONS. 2 MEDICAL EXAMINER	CEAN: To the best of my knowl R: On the bastlest examination	edige, death occurred	at the time, date :	and place, and due to ath occured at the tin	the cause(s) a	and manner	as stated.	a) and manner as stated
BE	SIGNATURE AND TITLE OF CENTURE	- Charles - Land	1		O . C . M . E	EH			(Manth, Dep. Year)
0	MARIO F. GOLLE	JR MD 11	TH (ITEM 27) (7600. F	Printi	, BALTI		MAR		
	JAN 0 6 1992	PLAN DAMAGEN	Hendsee			,			- 14 7 1

TO THE FUNCAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28-nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF	HEALTH F DEAT	AND ME	NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Mid DOROTHY C.		. 18			2	DATE OF DEATH DA	92	3. TIME OF DEATH 1053 M	
	4. SOCIAL SECURITY NUMBER 217-18-6737	5. SEX 6. AGE (In		IF UNDER 1 YEAR			CT. 24, 192	_ 0	SIRTHPLACE (State or Foreign Country) ALTIMORE	
OR	4	GENERAL HOSPITAL	9.2.	9b. CITY, TOW	'N OR LOCATI	ON OF DEAT	H, ,	9c. COUNTY	of death RUNDEL	
DIRECTOR	RESIDENCE OF DECED 10e. STATE 108	b. COUNTY	10c. CITY,	TOWN OR LO	CATION				10d, INSIDE CITY LIMITS?	
21		ANNE ARUNDEL	ARN	OLD					1 TES 2 X NO	
FUNERAL	100. STREET AND NUMBER 338 RIVER RO	AD			10f. ZIP COD				OF WHAT COUNTRY?	
Ne l	11. MARITAL STATUS	12 WAS DECEDENT EVER IN	U.S. ARMED	13. WAS		21012 OF HISPANIC	ORIGIN? (Specify Yea	U . S . A . 14. RACE — American Indian, Black, White, etc.		
B	1 Never Married 2 Mer 3 Widowed 4 Divorced	I IF YES, GIVE WAR ON DAI	S K NO	II yes		nn, Mexicen, F	Puerto Ricen, atc.)		Black, White, etc. Specify: WHITE	
COMPLETED	1S. DECEDE (Specify only hig Elementary/Secondery (0-12)	thest grade completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during	ATION most of worki	ing	18b. KIND OF BUS	INESS/INDUST	RY	
MPI	G.E.D.		CLERICA	L					OYMENT SERVICE	
	17. FATHER'S NAME (First, Middle JAMES P. K				200		(First, Middle, Maiden OSNELL	Surname)		
BE	19e. INFORMANT'S NAME (Type/		19b. MAILING	ADDRESS (Stre			ite Number, City or Town	n, State, Zip Coo	le)	
2	JOHN L. BAIL	EY, JR.	338 RI	VER R	OAD, AR	NOLD,	MD. 2101	2		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremellon 3 4 Donation 5 Other (Spe	3 Removal from State	PLACE OF DISPOSI other place) OUDON PAR			matory or		CATION — CHY		
	21. SIGNATURE OF FUNERAL SE		1	HUB	AND ADDRE		TY L HOME IN	C.	, MD. 21223	
CERTIFICATION		b. ASCU	ch ilne.	dine			y thm		Approximata Interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other significant	conditions contributing to death but	rt not resulting li	n tha underl	ying ceuse	given in Pa	24a, WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SIAN	25. WAS CASE REFERRED TO M				. PLACE OF	DEATH (Check	k only one)			
YSI	1 VES 2 □ NO	HOSPITAL: 1 Inpatient 2 FER/Outpa					Other (Specify)			
ВУ РН	27. MahinER OF DEATH 1 Metural 5 Pen Accident Inve	estigation	28b. TIME INJU	JRY M 1	WORK?		28d. DEŞCRIBE HOW I	NJURY OCCUR	ED	
		uid not be sermined 28e. PLACE OF INJURY building, etc. (Speci	— Al home, farm, si	treet, factory,	office	2	281. LOCATION (Street and City or Town, State)		Rural Route Number,	
COMPLETED	construction of the	ING PHYSICIAN: To the best of my knowled L EXAMINER: On the bests of examination							suse(a) and menner as stated,	
BE	296. SIGNATURE AND TITLE OF	CERTUTE	Dep	uty	29c. LIC	O GO	154 154	29d. DATE SI	GNED (Mogeth, Day, Year)	
2	William	erson who completed cause of dea	ATH (ITEM 27) (Type,	Print)	P.O	7.0	30×99		20711	
	31. DATE FILED (Month, Day, Year	2. REGISTBAR'S SIGNA	Aundelle							

use as the burial-transit permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Last)		CER	HIFICALI	E OF DE	ATH	2. DATE OF	EG. NO.		3.1	IME OF DEATH
	Marc	aret K.	Barido	n		MONTH	DAY	92		9:15 A
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth	hday) IF UNDE		NDER 24 HRS.	7. DATE OF I	BIRTH ny, Ybar)	8. E	BIRTHPLAC Country)	E (State or Foreign
147-09-4325 9a. FACILITY NAME (If not institution, give s		79 [*]	RS.	Y, TOWN OR LO	CATION OF D		191			yland
St. Joseph's Hos					CATION OF DE	EAIN	ľ			
RESIDENCE OF DECEDENT				wson				В	-	
10a. STATE 10b. COUNTY	Y	100	c. CITY, TOWN						1	. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER			Balto	. City	CODE		Ι,	On CITIZEN		YES 2 NO
6102 Bellinham	Court			211			- 1			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES				N.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIG					American Indien, ite, etc.
			ENT'S USUAL C			16b. Kil	ID OF BUSIN	ESS/INDUST		WIII LE
(Specify only nignest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do h	nd of work done NOT use retired.)	during most of w	runang					
12			Homema							
17. FATHER'S NAME (First, Middle, Last)				18, 1		ME (First, Midd		mame)		
Albert E. Kin	ng	19b. MA	AILING ADDRES	S (Street and Nu		a E. K		State Zin Cor	n(e)	
Carroll P. Kakel	111									rd 21093
20s METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem		20b. PLACE AND	DATE OF DISI	POSITION (Nam		DATE				
4 Donation Other (Specify)		Druid	Ridge	Cemeter			P	ikesv	ille	. Md.
21. SIGNATURE OF FUNERAL SERVICE L	hade Si			NAME AND AD		10				204
23. PART 1. Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	complications that of List only one cause Congesti	on each line.	Do not ente	r the mode of	dying, suc	ch es cardiec	or respirat	lory arrest		Approximate
	e			re						Interval Between Onset and Death
	Hyperte	RASA CONSEQUENTSIVE he	ICE OF:							
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Hyperte	R AS A CONSEQUEN	ece of: art di:	sease	1			S. BIRTHPY Country) 12 S. BIRTHPY Country) 12 Ma 9c. COUNTY OF DE. Balt 10g. CITIZEN OF WH U.S or No— 14. RACE Black, Specify INNESS/INDUSTRY THOME Surname) 7. State, Zip Code) 2 CATION — City or Tow Pikesville Ork Rd. 2 e. Inc. ratory arrest, AUTOPSY MED? NO 24b.		
Sequentially list conditions, if any, leading to immediate	Hyperte b. DUE TO (0 Recent	R AS A CONSEQUENT IN AS A CONSEQUENT	art di:	sease	1					
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	BUE TO (O DUE TO (O	R AS A CONSEQUEN R AS A CONSEQUEN MYOC AR di R AS A CONSEQUEN	NCE OF): art di: NCE OF): al inf:	sease	1 200		a. WAS AN AU PERFORME YES 2	ED?	24b. WEI	
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition	BUE TO (O DUE TO (O	R AS A CONSEQUEN R AS A CONSEQUEN MYOC AR di R AS A CONSEQUEN	NCE OF): art di: NCE OF): al inf:	sease arction	ise given in	_ '	PERFORME	ED?	24b. WEI	Onset and Death RE AUTOPSY FINDINGS RLABLE PRIOR TO MPLETION OF CAUSE DEATH?
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Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 1	Hyperte b. DUE TO (O Recent c. DUE TO (O d	R AS A CONSEQUEN MY OC AT GL R AS A CONSEQUEN MY OC AT GL R AS A CONSEQUEN ER/Outpettent 3 □ C IJURY 28 INJURY At home, c, (Specify) IN INJURY At home, c, (Specify)	NCE OF): al inf: al in	28. PLACE PLACE IR: PLACE IR: PLACE INJURY WORK? 1 YES Ctory, office	OF DEATH (C) Residence AT 2 NO	8 Other (S 28d. DESCR 28f. LOCATI City or 1	PERFORME YES 2 pecify) IBE HOW INJI ON (Street and own, State)	URY OCCUR	24b. WEI AMA COI OF 1 D	Onset and Death RE AUTOPSY FINDINGS RLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\subseteq NO \)

29c. LICENSE NUMBER DO6234 29d. DATE SIGNED (Morith, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Samuel C.H. Lee, M.D., St. Joseph Hospital, Towson, MD 21204

1992

32. REGISTRAR'S SIGNATURE

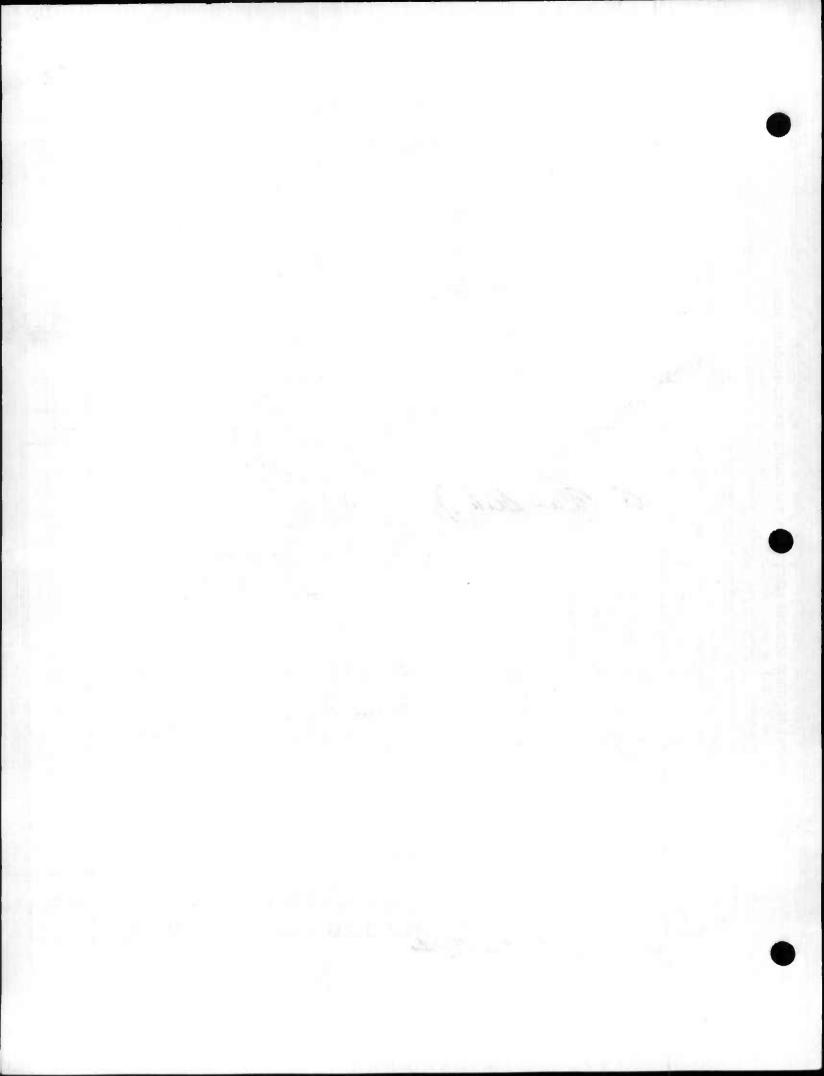
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	1 - STATE REGISTRAR	SIAIE UF M	AKYLAND /	DEPAI ERTIF	ICATE	OF I	DEAT	AND MI	ENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	2	sou	U	2				2. DATE OF DEATH	04	YEAR 92	TIME OF DEATH	
	122-12-1878	1 M 2 XF	6. AGE (In yrs. las 76	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. T	(Month, Day, Year)	15	Country)	ACE (State or Foreign HODE ISLA)	
LOR	9a. FACILITY NAME (If not institution, give BALTIMORE COUNT		HOSPIT	AL	9b. CITY			ON OF DEAT	Н	1	TY OF OEAT	гн	
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	Y			Y, TOWN C							d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 4800 SETON	DRIVE				101	. ZIP CODE		E	10g. CITIZ	EN OF WHA	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 [IF YES, GIVE WAI	YES 2 YN	MED IO	21215 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or if yea, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:						USA 14. RACE — Black, W Specify:	American Indian, /hita, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN 17. FATHER'S NAME (First, Middle, Last)	18a. DE((Gr life.	ve kind of Do NOT u	USUAL OG work done o se retired.)	luring mo	st of workin		16b. KIND OF BU		JSTRY	WHITE		
BE C	RAYMOND RAY							K	(First, Middle, Maiden ATHERINE	(UNKNO	WN)	
TO	joseph yates		19b						te Number, City or Tow			. 21136	
	20a. METHOD OF DISPOSITION 1 Note: Burlat 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	111111111111111111111111111111111111111	20b. PLACE A cemetery, cren EVERGE	natory or o	ther plece)			[. 1/6	- 1	CATION — C			
	21. SIGNATURE OF FUNERAL SERVICE LIC	in Sein	62			A. A	ALAN	A NTD A	Z, JR. FU	NERAL	HOME		
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (O	OR AS A CONSECUTOR AS A CONSEC	UENCE OF	n:	710	Jet	ls	Mell	itus	>	Onset and De	
MEDICAL	PART II. Other significent condition Sersur 5 PC	He	n the un	derlying	S 15	iven in Per	PERFOR	4s. WAS AN AUTOPSY PERFORMED? 24		RE AUTOPSY FINDING NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO			
/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 (□ DOA	OTHER	:		ATH (Check	only one) Other (Specify)		<u> </u>		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		28b. TIM		28c. INJU	JRY AT	28	d. DESCRIBE HOW II	YJURY OCCU	IRED		
ETED E	3 Suicide 8 Could not be detarmined	28a. PLACE OF I building, atd	NJURY — At home. (Specify)	ne, farm, s	treet, facto	ry, office		28	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK EXAMINE	CIAN: To the best of my	y knowledge, dear	th occurre	d at the tir	ne, date :	and place,	and due to t	he cause(a) and man	ner ea stated	i.	d manner on stated	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	ibl	MO					ISE NUMBER				nin, Day, Year)	
	31. DATE FILED (Month, Day, Year)	32. RECUSTRADES	SIGNOURED	27) (Type,	Print)	00	int	4	Genus	alt	405	P	





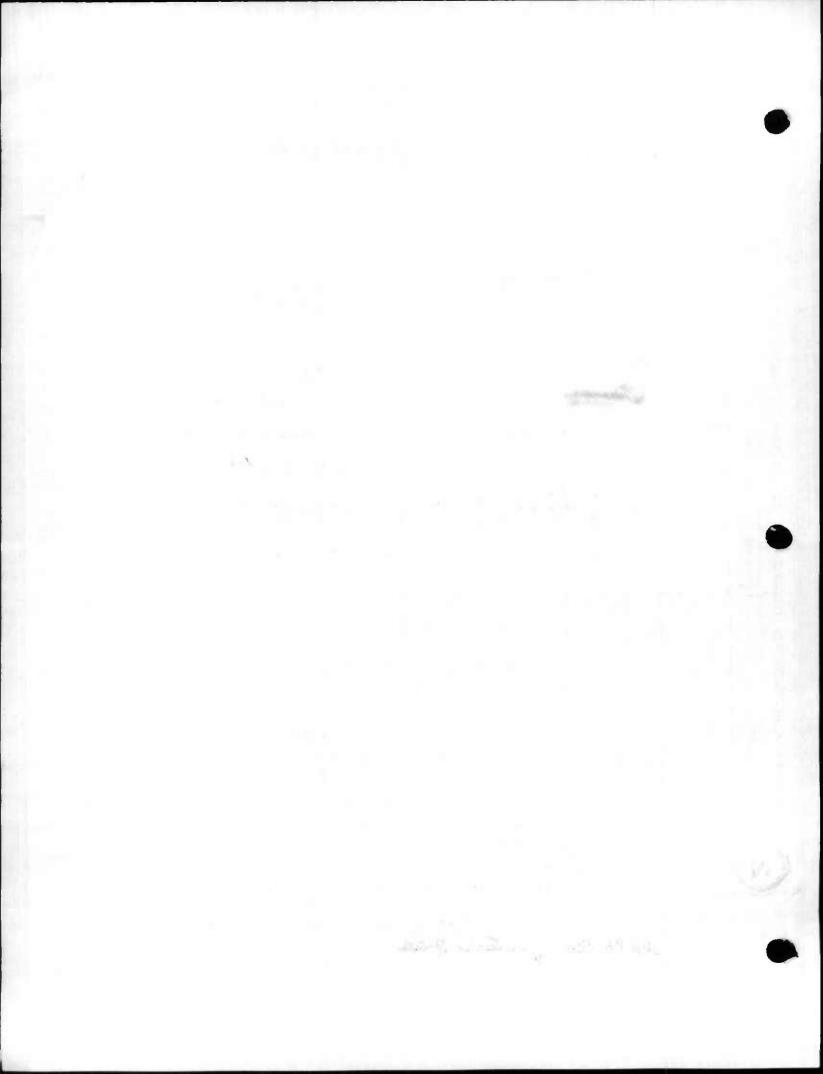


ON OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	4YSIGIAN: The law requires that the death certificate be executed within 24 nouns after death, Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68	INTHE TOWNING OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	WHITERERY DIRECTOR: After this cerificate has been signed by the attending physician and	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumation

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

	REGISTRAR		CERTIF	-ICATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) ANNA BE	51110				2. DATE OF DEATH		3. TIME OF DEATN		
	•					1	3 92			
	4. SOCIAL SECURITY NUMBER 141-16-5817	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give si		73 YRS.			3-20-	18	N.J.		
œ	CHURCH HOSP:		DODATION		OR LOCATION OF D	EATH	9c. COUNTY	OF DEATN		
6	RESIDENCE OF DECEDENT	LIAH COI	COMITON	DAL	TIMORE					
<u> </u>	10e. STATE 10b. COUNTY	,	10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY		
ā	MD.			BALTI	MORE			LIMITS?		
AL	10e. STREET AND NUMBER				f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
Ë	201 N.E	BROADU	JAV		2/23/			USA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee of it yee, specify Cuban, Mexicen, Puerto Ricen, atc.)			RACE — American Indien, Black, White, etc.		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W			S 2, NO Specif			Specify:		
	15. DECEDENT'S EDUC	CATION						white		
COMPLETED	(Specify only highest grade	completed)	(Give kind of	S USUAL OCCUPATI work done during m (se retired.)	ON ost of working	16b. KIND OF BUS	SINESS/INDUST	RY		
P	Elementary/Secondary (0-12)	College (1-4 or 5+)		ousew						
OM	17. FATNER'S NAME (First, Middle, Last)		79	OUSEW		AME (First, Middle, Meiden	Pugnama)			
	CHARLES	1000	CTTE			BECCA R				
BE	19a. INFORMANT'S NAME (Type/Print)	7770		G ADDRESS (Street	and Number or Rural	Route Number, City or Town	n State Zin Con	(a)		
2	CHARLES GA	ASSO S		_		AUC S				
	20e METNOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (N	eme of	DATE 20c LO	CATION - City	or Town State		
	1 Burlet 2 Cremetion 3 Remo	oval from State	metery, cremetory or	other place)	*Tway	1-6 5	BALTO	MD.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FA	CILITY 322	BALTO MD. 322 S. HIAH ST. BALTO 21202 MD. US FUNGAI HOME			
	010	.00 -	Kan	7.11		BALTO	2120	2 MD.		
	23. PART I: Enter the diseases, or o	omplications that	ceused the deeth. Do	not enter the mi	Noce a	DOWS FUN	GRAI HEI	Approximate		
	ahock, or heart failure. I IMMEDIATE CAUSE (Finei	List only one ceus	se on each line.		, and an aying, add	in as condict of respi	iatory erreet,	interval Between		
	disease or condition	or condition								
	disease or condition resulting in death) a. Churic Obstructure Pulmanay Disease Due to (or as a consequence of):									
z										
CERTIFICATION	Sequentielly list conditions, If any, leading to immadiate DUE TO (OR AS A CONSEDUENCE OF):									
2	CAUSE (Disease or Injury									
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEDUENCE O	PF):						
H		l								
	PART II. Other significent conditions	contributing to	leath but not recuiting	In the underlyin	g ceuse given in	Pert I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS		
EDICAL	gastrom	testin al	bleeding			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Pend	Peih	ure			1 TYES 2	□ NO	OF DEATH?		
2		1				_		1 NES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. P	LACE OF DEATH (Ch	eck only one)				
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3 DOA	OTHER: 4 Nursing Non	ne 5 🗆 Reeldenca	8 Other (Specify)				
E	27. MANNER OF DEATN	28e. DATE OF II (Month, Day		NE OF 28c. IN.	IURY AT ORK?	28d. DESCRIBE NOW II	NJURY OCCURE	ED .		
BY	1 Netural 5 Pending 2 Accident Investigation		, 100.7		YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF building, a	tNJURY — At home, farm, tc. (Specify)	street, factory, offic	•	28t, LOCATION (Street a City or Town, State)	nd Number or R	urai Route Number,		
	4 Nomicide determined					ony or norm, dialey				
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of n	ny knowledge, death occurr	ed at the time, date	end place, end due	to the cause(e) end men	ner se stated.			
COMPLETED								use(a) and menner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	~	EDICAL		29c. LICENSE NUI	MBER	29d, DATE SIG	NED (Month, Day, Year)		
3 BE	W. Ochorsy W	O H	SMIF OFFI	ER	D 400	1521	▶ 1 /	3/92		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATN (ITEM 27) (Type	Print) PULL	RIK 11	ASPITAL				
	DLOCHMEJ		ion NOR	TH BREAD	WAY . 2	OSPITAL ALTIMORE	mp	21231		
	JAN 06 1992	32. BEGISTBAR	'S SIGNATURE) 13	- TOTAL COLOR	1 1. 14.			
	JEEL ON MAC	of what wall	acon-Madarat							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

THE FUNERAL DIRECTOR: After this certificate has been signed by the attenuous properties filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bund, crematic filed within 72 hours after death with the State Dept. 3 shows any injury, or other traumatic event, it CERTIFICATION MEDICAL PHYSICIAN: BY COMPLETED IMPORTANT: It item 28

BE

10

MEDICAL EXAMINER: On the b

ANDSC

H

CAUSE OF DEATH (ITEM 27) (Type, Print)

32 MEGISTRATIS SIGNATURE AND A CONTROL DAMES

296. SIGNATURE AND TITLE OF CERTIFIE

G-683 1/16/92 cm FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ames 1715 14 92 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birtnday) IF UNDER 1 YEAR BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 7. DATE OF BIRTH 51 242-58-605 1 M 2 F 9s. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2505 E. RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mo 1 YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRYS 21213 2505 21. ASC 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-H was specify Cuben. Mexican, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE - American Indian, Black. White, stc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puarto R

1 YES 2 NO Specify: 4 Divorced 963-1965 Λ 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) LALO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) E5510 19a. INFORMANT'S NAME (Type/Print) 21215 00 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION Burial 2 Cremetion 3 Removal from State

Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such Approximata shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death Cel disease or condition resulting in death) 29 namous a DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED 1 TYES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Residence 8 Other (Specify) 4 Nursing Home 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(a) and it

29c. LICENSE NUMBER

804

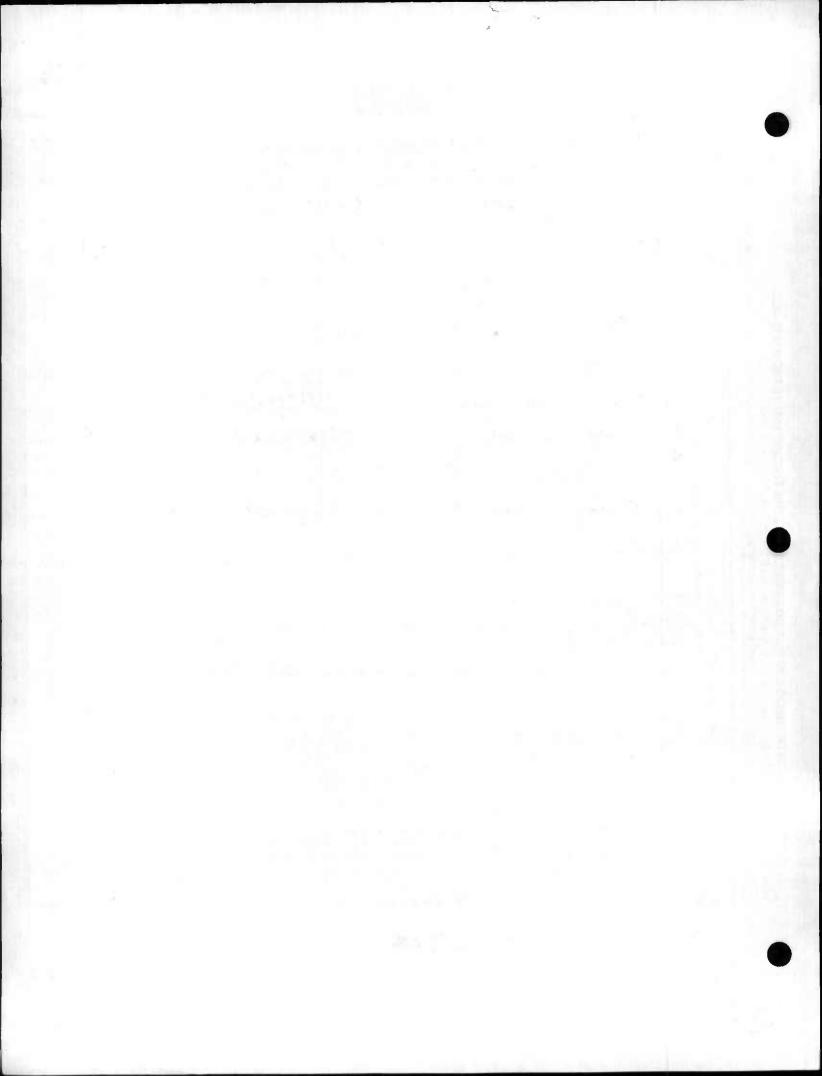
Johns

2 2 pe the ceuse(s) and manner es stated.

29d. DATE SIGNED (Month, Day, Year)

2

Hospits



BALTIMORE, MARYLAND 21215-0020

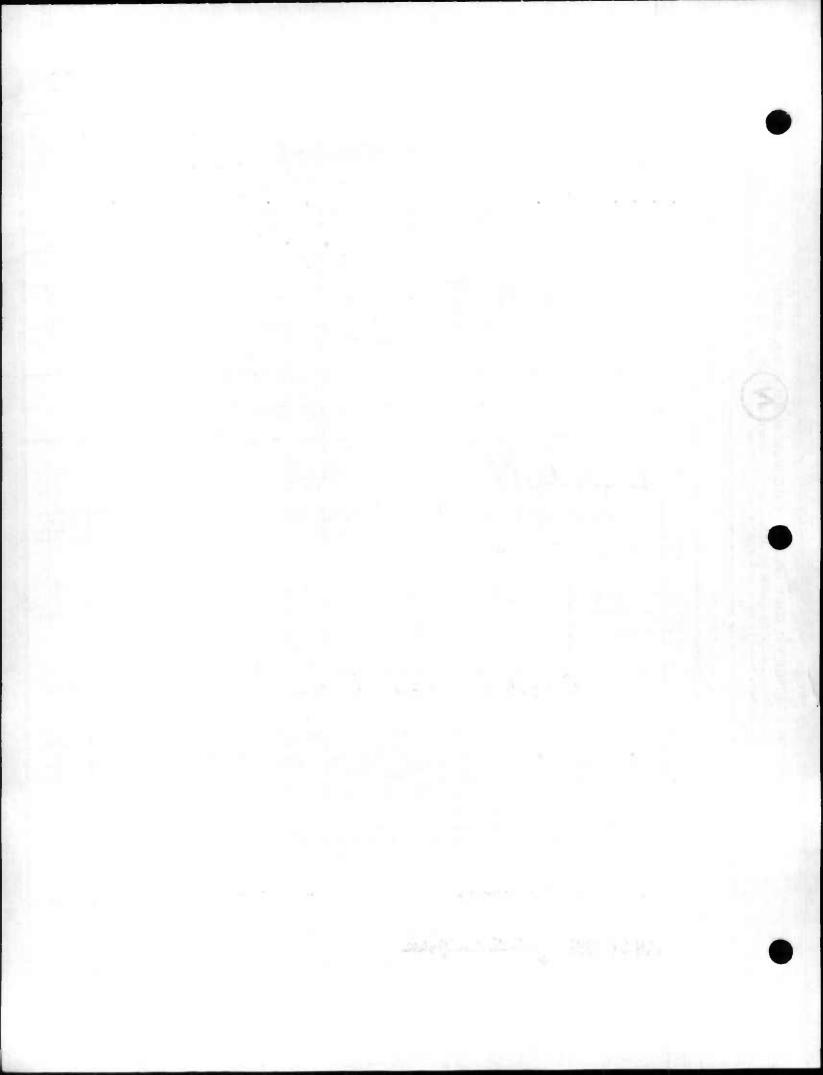
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Hem 23 shows any Inlury, or other traumatic event, the marked he marked as pages.
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N HO 10 7/27/00 × 92

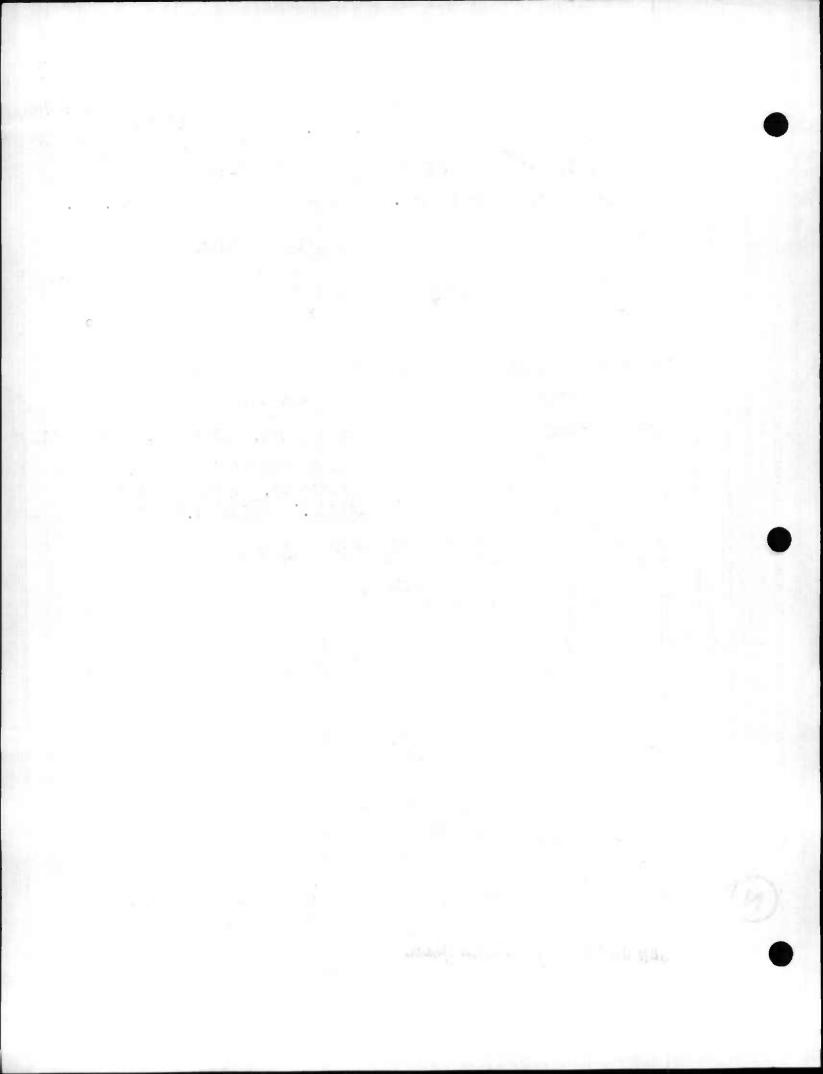
1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH	AND MEN	TAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, L	L COHEN			2. D.	ATE OF DEATH DAY	92	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 215 69 65 9a. FACILITY NAME (If not institution, o	271 - M 2 X	91 YRS. MO	UNDER 1 YEAR # UNDER 1 NTHS DAYS HOURS	MIN. (M	TE OF BIRTH fonth, Day, Year)	County OF E	faryland_		
RESIDENCE OF DECEDENT 10a. STATE 10b. CO		PITAL	baltimore			city			
Maryland	City		ltimore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
4007 Brookhill	Road		10f. ZIP CODE 21:	215	1	09. CITIZEN OF 1	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES	2 NO	13. WAS DECENDENT OF It yes, specify Cuben 1 TYES 2 1 NO	, Maxican, Puer	IGIN? (Specify Yee or rto Rican, etc.)	No- 14. RACI Blac Spec	E — American Indian, k, White, etc.		
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	Ine. Do NOT use re	done during most of working tired.)		166. KIND OF BUSIN				
10 17. FATHER'S NAME (First, Middle, Last,		Seamst		ED'C NAME (FI	Altera	ations			
Max Cohen				ecca La		meme)			
19a. INFORMANT'S NAME (Type/Print)		196, MAILING AD	DRESS (Street and Number of			State, Zip Code)			
Beth Wiseman		1216 G	Lenback Ave	. Ba	1t. MD 21	208			
1 X Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify)	temoval from State Cen	n. PLACE AND DATE OF D metery, crematory or other nshe Emuna	ISPOSITION (Name of place)	0	ATE 20c. LOCAT	TION — City or To			
21. SIGNATURE OF FUNERAL SERVICE		nsire Ellium	Hebrew Men	norial	Funeral	more, M Home, I	nc.		
IMMEDIATE CAUSE (Final disease pr condition reaulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	eumon.	A				intarval Batwe Onaat and Dad		
cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other eignificant condi	ut not resulting in t	na undariying cause gi	ven in Part I.	24a. WAS AN AUTPERFORME 1 YES 2	D?	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: OTHER:								
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? Matural 5 Pending 28d. DESCRIBE HOW INJURY OCCURED 1 VES 2 NO.								
3 Suicide 6 Could not determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, tactory, office	28t. L	OCATION (Street and lity or Town, State)	Number or Rural F	oute Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of my knowl	edga, death occurred at	the time, data and place, a my opinion, death occurred	and due to the	ceuse(a) and manner	se stated.	and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTI	Petersey p	up PG1	/ T 29c. LICEN	SE NUMBER			(Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON SHAREN	ATTAWAY	ATH (ITEM 27) (Type, Prin	South to.	SNITH	1	0			
31. DATE FILED (Month, Day, Year)	932 REGISTRAT'S SIGN	MANGLES .		1					

Marriage Marriage of the State
	REGISTRAR	IND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	ND MENTAL HYGIENE REG. NO.	_ 00000		
	1. DECEOENT'S NAME (First, Middle, Last) LAURA MAY SIMPSON CHAPN	IAN	2. DATE OF DEATH MONTH - 01 - 92	year 3. TIME OF DEATH 7:40P		
	511-18-6594 1 M XXF 6	08 YRS.	MIN. 10-03-23	BIRTHPLACE (State or Foreign Country) Kansas		
TOR	9a. FACILITY NAME (If not institution, give street and number) G a B a M · C a 6701 N · CHARLES RESIDENCE OF DECEMENT	STREET BALTO, M	OF DEATH TOWSON BA	LTO. COUNTY		
DIRECTOR	MARYLAND BALTIMORE	TIMONIUM, MD.	21093	10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	202 CRICKETT COURT	10f. ZIP COOE 2 1 0 9		ZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS OCCEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DAT	dispanic Origin? (Specify Yes or No— Maxican, Puarto Rican, atc.) Specify:	14. RACE — American Indian, Black, Whita, atc. Specify: WHITE			
LETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housewife	JAL OCCUPATION done during most of working lired.) 16b. KIND OF BUSINESS/INDUSTRY			
COMPL	17. FATHER'S NAME (First, Middle, Leet) Jesse James Simpson	Homemaker 'S NAME (First, Middle, Malden Surname)				
TO BE	190. INFORMANT'S NAME (Type/Print) Sandra R. Chapman	tie Alvina Daniels Rural Route Number, City or Town, State, Zip Timonium, Md.	Code)			
	20a METHOD OF DISPOSITION 20b. F	PLACE AND DATE OF DISPOSITION (Name of lery, cremetory or other place) SE HILLS Cemetery	OATE 20c. LOCATION —	City or Town, Stata		
	21. SIGNATUR OF FUNEFAL SERVICE LICENSEE Bryan W. Clary	22. NAME AND ADDRESS Lemmon-Mi	tchell-Wiedefeld	California		
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A C	ibé death. Do not anter tha moda of dying, th lina.	nia Rd., Timoniur such as cardiac or reapiratory arr	aat, Approximate Interval Between Onset and Daat		
TION	Sequentially list conditions, If sny, leading to immediate	C HEART DISEASE				
CERTIFICATION	CAUSE. (Disease or Injury that Initiated events resulting in death) LAST	CONSEQUENCE OF):				
MEDICAL CE	PART II. Other significant conditions contributing to death but	t not resulting in the underlying cause give Heart facture	on in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF GEAT	H (Check only one)			
PHY	1 ☐ YES 2 NO 1 NO 1 NO Inpatient 2 ☐ ER/Outpet 27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending (Month, Day, Year)	lent 3 DOA 4 Nursing Home 5 Reside 28b. TIME OF INJURY AT WORK? M 1 YES 2 N	28d. DE\$CRIBE HOW INJURY OCC	URED		
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY - building, atc. (Specify	28a. PLACE OF INJURY — At home, ferm, streat, factory, offica 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination a	iga, death occurred at the time, data and placa, and and/or investigation, in my opinion, death occured a	d due to the cause(a) and manner as state	ed.		
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER M. Alillange	29c. LICENSE		SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT Mahmood Alikhan, M.D.	H (ITEM 27) (Type, Print)		***		



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~	9	e .
ш	>	P
IVISION OF VITAL RECO	N. The law requires the	DIRECTOR After this certificate has been signed four after death with the State Dept. of Health
V	9	20
-	F	音节
=	IG PHYSICIAN:	분하.
-	秀	T.E.
LL.	15	8
0	至	유등
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O	8	世祖
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-	AL OR ATTENDING	75
	E	ERAL In 72
	25	服長 1
	유	문문 등
- 1	1	
4	Æ	THE PLINETAL DIRECTOR. After this certificate has been the within 72 hours after death with the State Dept. of
- 7		CONT.
- 1	4	M.
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- 7		1
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1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	IEALTH AND DEATH	MENTAL HYGIEN		10:27pr
	1. DECEDENT'S NAME (First, Middle, Last) EDUATED	EDWARDPE		ER, S	SR.	2. DATE OF DEATH MONTH	7/4/92	
	4. SOCIAL SECURITY NUMBER 29-05-4656	1 1 M 2 F	85 YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 12-7-06	C	HTHPLACE (State or Foreign curity) irginia
	Baltimore Coun				ne location of D	EATH	9c. COUNTY C	to. Co.
E C	Maryland 10b. COUNTY		10c. CITY, TO	Ba	iltimor	е		10d. INSIDE CITY LIMITS? 1 SYES 2 NO
ERA	1313 Idylwood	Road		101	2120	8		ted States
≧ 3	MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2- NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxico 2 TNO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) y:	s or No — 14. R	ACE — American Indian, ilack, White, atc.
LETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo red.)	st of working		SINESS/INDUSTR	<u> </u>
) I	7th grade 17. FATHER'S NAME (First, Middle, Last) Henry Coope:	none r	Longsho	reman	18. MOTHER'S NA	Shin ME (First, Middle, Malden ade Brown		
1 1	90. INFORMANT'S NAME (Type/Print) Thelma Rozier					Route Number, City or Tow	n, State, Zip Code,	
1	Oe. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remov Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICE	val from State cem	PI ACE AND DATE OF DE	sposition (Na lace) emori 22. NAME AN	al Parl	DATE 20c. LO	Balto,	Maryland
S in	Sequentially list conditions, f any, leading to immediate suse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events eaulting in death) LAST	DUE TO (OR AS A	rdiopulment pulment pulment pulment pulment consequence of: consequence of: consequence of:	(CHF) And			Onset and Death
P	PART II. Other algorificant conditions	contributing to death bu	ut not resulting in th	e underlying	causa given in	Part I. 24a. WAS AN PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		HOSPITAL: inpetient 2 ER/Outpe	itlent 3 DOA 4	HER: Nursing Home		6 Other (Specify)		
	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	5 Pending Investigation 6 Could not be Month, Day, Vear) 294. DESCRIBE H WORK?						
29	29a. CERTIFIER (Check only of nown, State) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
29	b. SIGNATURE AND TITLE OF PERTIFIER NAME AND ADDRESS OF PERSON WHO	4 hr	IH (ITEM 27) (Type, Print)		29c. LICENSE NUM	D 2	29d. DATE SIGN	ED (Month, Day, Year)
31.	DATE FILED (Month, Day, Ybar) JAN 06 1992	P2. REGISTRAR'S SIGNA Fulia Davidson	TURE	JI MU	RE CO	42N, (+	DSP.	



YEAR

92

3. TIME OF DEATH

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REG. NO

03

2. DATE OF DEATH

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1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Marian Gosser

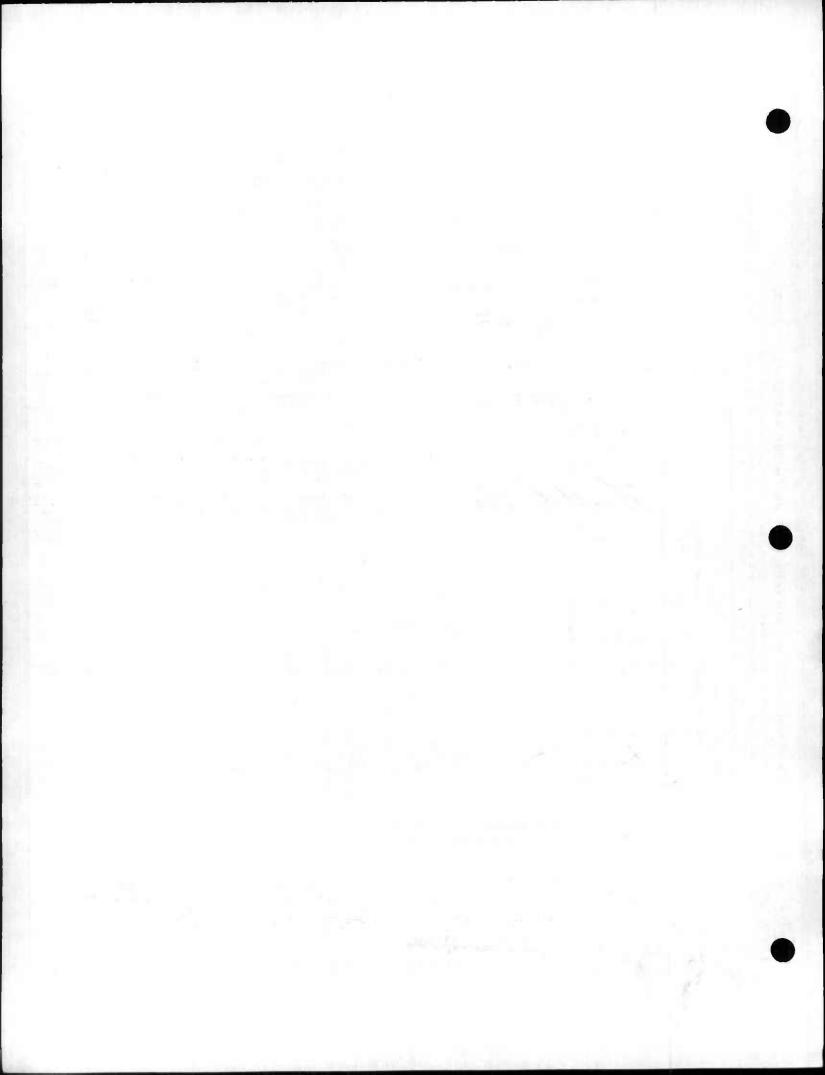
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6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 F 71 190-10-8492 04/15/20 Pennsylvania permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Towson Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 1 NO Towson FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 501 Groom Drive 21204 24 hours after death. Page 6 may be retained by the hospital or attending physician. U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY Specify. 1 TYES 2 X NO 3 Widowed 4 Divorced WW II White ETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 yrs. 3 yrs. Registered Nurse Nursing Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) F BE Paul H. Gosser Gertrude Albert notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eugene G. Cross Same as #10 be 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE must Carrison Forest Cemetery 1/7/92 Ownings Mills, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1050 York Road filled in by the fion, or removal. Ruck Towson Funeral Home, Inc. Towson, md. 21204 the medical 23. PART I. Enter the diseeses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ehock, or heart fellure. List only one ceues on each line. Interval Batween IMMEDIATE CAUSE (Finel Onsat and Daath cremation, disease or condition resulting in death) and completely Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF): executed within traumatic event, signed by the attending physician and corr Health and Mental Hygiene prior to burial, CERTIFICATION Nasopharyngeal Carcinoma
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate pe cause. Enter UNDERLYING certificate CAUSE (Diseese or Injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST shows any injury, or PART II. Other eignificent conditione contributing to daeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO this certificate has been with the State Dept. of 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending M DIRECTOR: After I hours after death death BY 1 YES 2 NO Accident Investigation 3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 99 COMPLETED 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 4 Homicide it item 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE FUNERAL (filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3 92 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6701 CHARLES JAN 0 6 19 182, REGISTRAR'S SIGNAPORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

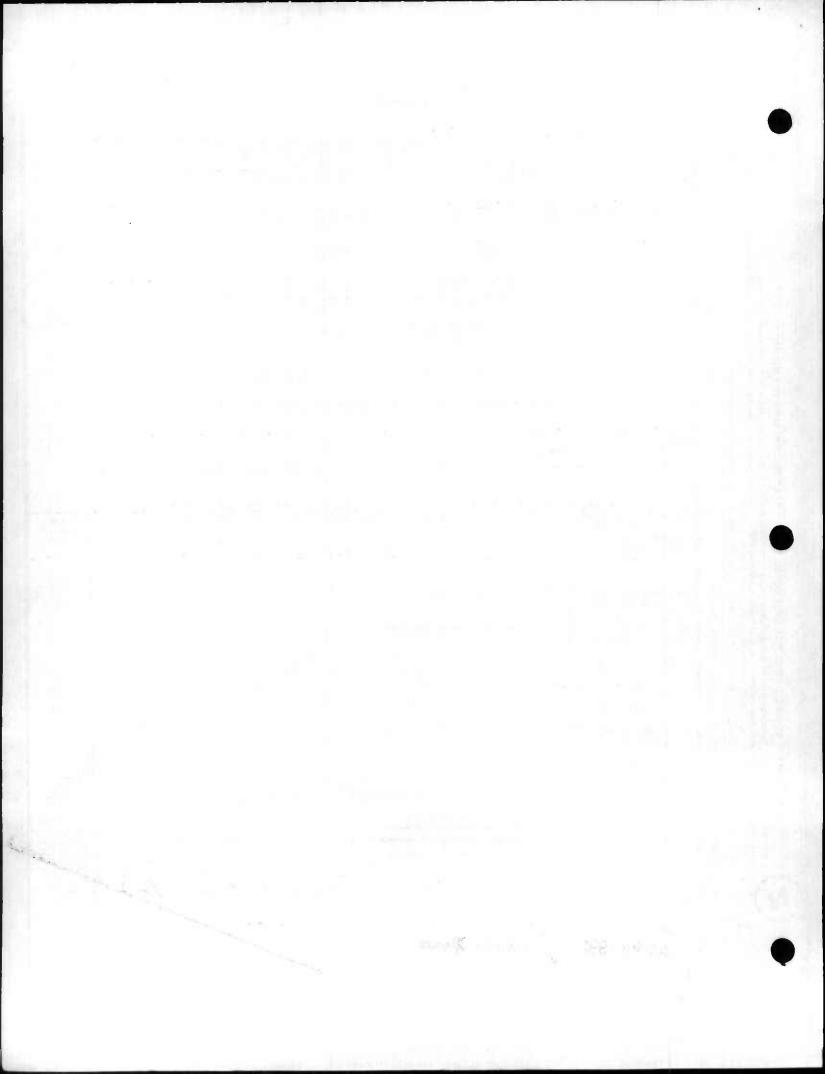


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BALLIMORE, MARYLAN	TO PE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitified at ence.
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THE STATE OF THE STATE OF SOLVEY, P.O. BOX 80/80,	OR	DIR	ten
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_	工业	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	H
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JAN 06 1992

Line Davidson Handele

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGIEN	IE	0	0069
	1. DECEDENT'S NAME (First, Middle, Last)	<u>OL </u>	DAIL O.	DEATH	REG. NO). 	1.	3. TIME OF DEATH
	Bruno	Calcara					AY) 9	YEAR 2	2.10 P
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	x- /	-	LACE (State or Foreign
	216-28-9615	1/2M 2 □ F 69	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	\alpha 1	Country)	Market Color
	9a. FACILITY NAME (If not institution, give			9b. CITY TOWN (OR LOCATION OF E	9-23-192	9c. COUNT	Ita]	
DIRECTOR	John L. Deato			Baltim		ZEATH			
Ö	10e. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOCAT	TION			1	Od. INSIDE CITY
片	Md		. Pol	timore					LIMITS?
7	10e. STREET AND NUMBER		_ Dal		, ZIP CODE		40- OIT17F		YES 2 NO
FUNERAL	202 N. Milto	n Ave					1		
1 ×	11. MARITAL STATUS	12 WAS DECEDENT EVED	IN II S ADMED	40 1110 050	21224	012 2 - 100 to 100		S.A.	
	1 Never Married 2 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Maxic	NIC ORIGIN? (Specify Yas an, Puarto Rican, etc.)	or No 1	4. RACE - Black, \	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	DATES	1 TYES	2 NO Spec	lfy:		Specify:	White
B	15. DECEDENT'S ED	UCATION	16a. OECEDENT'S	USUAL OCCUPATION	ON	16b. KINO OF BUS	SINESS (INOLII	PTOV	wiiice
Ē	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done during mo e retired.)	st of working	iou. Kino or Bo.	31142337114003	əini	
릴	, , , ,	Outland (1-4 Of 5 4)	Tailor	ing		Ta	ilor		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Malden			
	Virgilo Calc	ara				ia Serman			
BE	19a. INFORMANT'S NAME (Type/Print)		19b MAILING	ADDESS /Street o		Route Number, City or Tow			
2	Mrs. Rachel P.	Calcara							
	20a. METHOD OF DISPOSITION	100	ZUZ N	· MIIIC	on Ave.	Balto.,			
	16 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata Cer	b. PLACE AND DATE O metery, cremetory or oth	ner plece)		OATE 20c. LO	CATION — CI	ty or Town	, State
	21. SIGNATURE OF FUNERAL SERVICE U		t. Carm	el Ceme	etery	11/06 Ba	lto.	Md	
	1. SIGNATURE OF FORERAL SERVICE D	11			D ADDRESS OF F				
	Joans D. 1	Viskimon		752	trey Mi	iller Fun	eral	Hom	e
	23. PART I. Enter the diseases, or	complications that cause	d the desth. Do no	ot enter the mod	de of dving au	ord Rd. B	alto.	M	
	onoun, or more famore.	List only one ceuse on e	esch line.		ar or dying, and	or ca cordiec or respi	ratory arres	ι,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Anton	21-1	21-1	- Pa 1	In Vase	0.	χ .	Onset and Death
	resulting in death)	www	A CONSEQUENCE OF	nous	Caro	is page	man f	usea	in yelds
		DUE TO (OR AS A	A CONSEQUENCE OF);					
CERTIFICATION	Sequentially list conditions,	b							
F	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OH AS)	CONSEQUENCE OF)	:					
일	CAUSE (Disesse or Injury	C. OHE TO COR AS	CONSEQUENCE OF						
Ē	that initiated events reaulting in death) LAST	OUE TO (OH AS A	CONSEQUENCE OF)	1					
與		d							
	PART II. Other significent condition	ns contributing to death b	out not resulting in	the underlying	cause given in	Part I. 24s. WAS AN	AUTODOV	245 98	TOT ALTTONOU THINNES
MEDICAL	Recurser	t Core	GroV.	Rock	lan	PERFOR		AV	ERE AUTOPSY FINDINGS AILABLE PRIDR TO
8	10cca len	- Themest	an mane	000	Oca -	1 TYES 2	□ NO		OMPLETION OF CAUSE DEATH?
Σ	1	, Joyan	CIVIUL	Carre				11	YES 2 NO
Z	Masula	prise	me						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-		ACE OF DEATH (C)	reck only one)			
YSI	1 U YES 2 100	1 Impatient 2 I ER/Dutp		OTHER: 4 - Munsing Home	5 🗆 Residence	6 C Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME 3NJU	OF 28c INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCUR	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		-	Contract Con	ES 2 NO				
	3 Suicide 6 Could not be	38s. PLACE OF INJURY building, etc. (Spec	- At home, farm, str	reet, fectory, office		281. LOCATION (Street at	nd Number or	Pural Pout	w Mumber
=	4 Homicide determined	business, etc. (spec	-97			City or Town, Statu)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN. To the heat of me t						_	
M	(Check only one) 2 MEDICAL FXAMINE	ICIAN: To the best of my know	ledge, death occurred	at the time, data	and place, and due	to the cause(s) and man	ner as stated.		
8		ER: On the basis of examination	n and/or investigation,	, in my opinion, de	ath occured at the	time, data and place, and	dua to the c	ause(s) an	id menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	V. Chaco	er. D		29c. LICENSE NUI	WBER (2)	29d. DATE S	IGNED (Me	onth, Day, Year)
0	pocanac ,	1/10-0	111.4		DO 1	860	1/-	-2.	-52
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH GYEM 27 CHOS	in len					
	GITS Cha	les C+	Butt.	red	2/2	30			



1:07 P. 8. BIRTHPLACE (State or Foreign

YEAR

1992

REG NO

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year,

4

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

220-50-0197

Gerald L.

Digman

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5. SEX

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

BAUN.

HOURS

8. AGE (In yrs. last birthday)

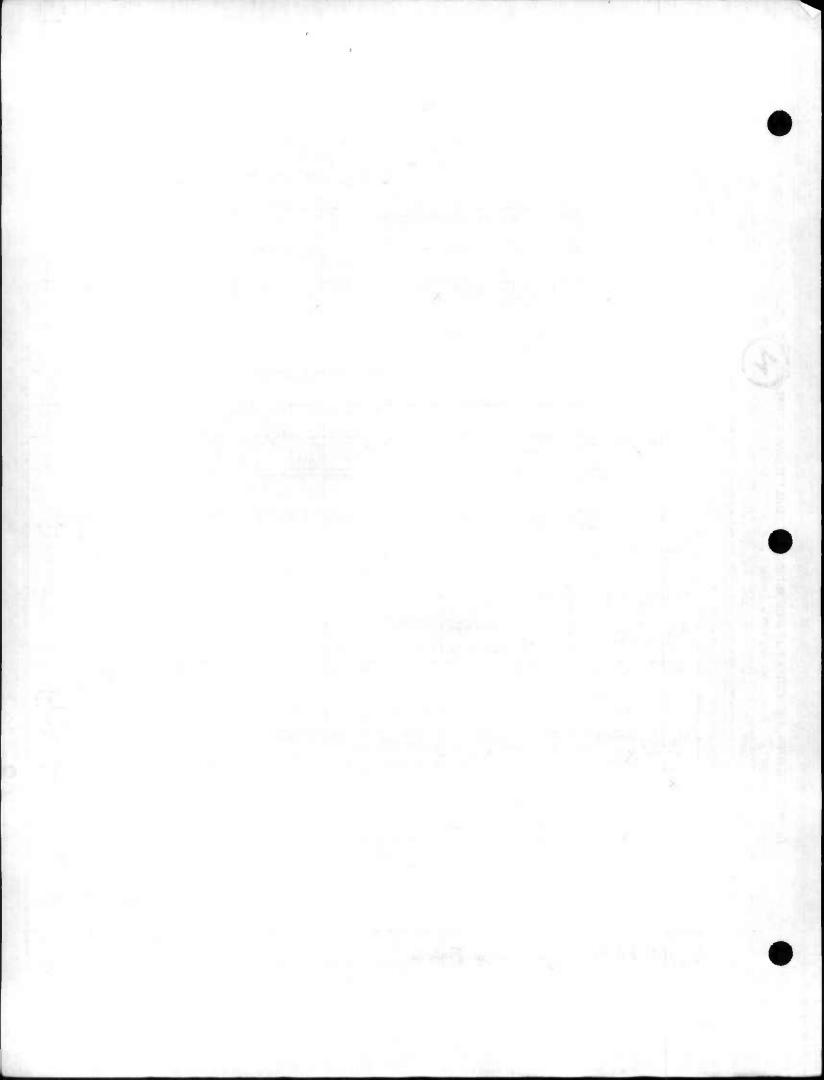
15-0020

BALTIMORE, MARY

W. 5/2/54 Virginia as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Samaritan Hospital Good Baltimore 10c. CITY, TOWN OR LOCATION 18b. COUNTY 10d. INSIDE CITY LIMITS? Baltimore 1 YES 2 NO Maryland Essex 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 20 В Westway North 21221 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 KINO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, stc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify. BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) 10 Years College (1-4 or 5+) Laborer Factory 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Gerald Digman ä Dorla G. Simmons BE page 5 should notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20 B Westway North Betsy L. Digman Essex, Md. 21221 pe 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION - City or Town, State must filled in by the funeral director, ion, or removal. of cemetary, crematory or other place)
Greenmount Cemetery 1/6 4 Donation 5 Other (Specify) Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY pri Johnson Funeral Home Towson, Md. Dawa 8521 Loch Raven Blvd 21204 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final f completely filled urial, cremation, o the disease or condition entricular A hour arrhu Omuci resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician and com xt. of Health and Mental Hygiene prior to burial, Illia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Stale Enter UNDERLYING ed Kue CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Lowerulon 0 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MILABLE PRIOR TO OMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: this certificate has be with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item 2 HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 VES 2 NO ng Home 5 - Residence 8 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 25c. INJURY AT WORK? marked, c 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 1 YES 2 NO BY After t Accident 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) FUNERAL DIRECTOR: Att within 72 hours after des TTANT: If Itom 28 Is n 3 Suicide a Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated. 296 SIGNATURE, AND TITLE OF CERTIFIES DI3118 29d. DATE-SIGNED (Mornth, Day, Year) BE 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5601 Gordon Walker Loch RAven Blvd. Balto. Md. 21239 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 0 06 Davidson 1992 DHMH-18 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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BALTIMORE, MARYLAND 21215-0020

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	OF	F DEAT	H		DEC	NIO

	1. DECEDENT'S NAME (First, Middle, Last)			TE OF DEATH	2. DAT	REG. NO.	3. TIME OF
BE COMPLETED BY FUNERAL DIRECTOR	beorge	Dorse	er -		MON	ITH DAY	YEAR 9 2
	4. SOCIAL SECURITY NUMBER	26	(In yrs, last birthday) IF UI	IDER 1 YEAR IF UNDER 24		E OF BIRTH nth, Day, Year)	8. BIRTHPLACE (State Country)
	220226432	1 M 2 D F	YRS.	LATS HOURS	7	-11-27	Unkno
	9a. FACILITY NAME (If not institution, give street and number) Inns of Evergreen N.W. Baltimore 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH						
	10a. STATE 10b. COUNT	Υ	10c CITY, TOW	N OR LOCATION			10d. INSIDE
	Maryland		_ Bal-	imore			LIMITS:
	2525 W. Be	elvedere	e Av.	101. ZIP CODE 2/2	15		ZEN OF WHAT COUNTY
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DECENDENT OF H If yes, specify Cuban, N 1 YES 2 NO	IISPANIC ORIG faxican, Puerto Specify:	IN? (Specify Yes or No— Rican, atc.)	14. RACE — American Black, White, atc. Specify
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16	b. KIND OF BUSINESS/IND	DUSTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	Knowr			
	17. FATHER'S NAME (First, Middle, Last)	wn			Ink	Middle, Maiden Sumame))
10	190. INFORMANT'S NAME (Type/Print) Au Graves - I	nns of Evergre	196. MAILING ADDR	1211	Rural Route Nur	Balto Mi	Code) 21213
	20e_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote Proceedings of the Company of the Compa	oval from State com	PLACE AND DATE OF DISP	(e)	DA	Balta (City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE O TAM		22. NAME AND ADDRESS OF	OF FACILITY	uneral Ho	me
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TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	the death. Do not enech line. CONSEQUENCE OF): CONSEQUENCE OF):	ter the mode of dying,	such es cei	resp. and	Onset
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ITEMS: 23, 27 per ME G-683 1/23/92 cm

92 00072

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR JR. Darnel1 Larry Ellison 92 1 7:25 A.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 062-58-8587 1 X M 2 - F DAYS 11-2-73 18 YRS N.C. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Baltimore 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 | NO FUNERAL 10e, STREET AND NUMBER IN ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5600 NORTHWOOD ROAD 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 X Never Merried 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO BY 3 Widowed 4 Divorced Specify: BLACK ETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT usa retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondery (0-12) College (1-4 or 5 +) COMPL 12th 17. FATHER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) LARRY D. ELLISON, SR. NORA MARTIN notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zip Gode), 5600 NORTHWOOD ROAD/BALTIMORE, MD 21212 19b. MAILING ADDRESS (Street 2 NORA ELLISON page 5 s pe 20a. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE 1 V Buriel 2 Cremetion 3 4 Donation 5 Other (Specify) funeral director, BALTIMORE CEMETERY BALTIMORE. MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE attending physician and completely filled in by the intal Hygiene prior to bunal, cremation, or removal. medicai 23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such ea cardiec or respiratory arrest, Approximate shock, or heart feilure. Liet only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition CARDIAC ARRHYTHMIA event. resulting in deeth) DOE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 10 signed by the atter Health and Mental PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS thas been signed by e Oept, of Health and m 23 shows any Ir PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE YES 2 NO 1 YES 2 NO PHYSICIAN: this certificate ha with the State Or irked, or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | XER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) marked. 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO After death 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) OIRECTOR: An hours after deal term 28 is n 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, COMPLETED 6 Could not be 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL OIRECTE DE filed within 72 hours at IMPORTANT: If Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, data end piece, end due to the ceuse(s) end menner se steted. 296. SIGNATURE AND TITLE OF CERTIF BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) 20 1-2-92 O.C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ENETACTI Penn Street, Baltimore, Maryland

attending physician. use as the burial-transit

1215-0020

BALTIMORE, MARY

Page 6 may be retained

P.O. BOX 68760, DIVISION OF VITAL RECORDS,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

31. DATE FILED (Month, Day, Year)

IAN 06 1992

32. REGISTRAR'S SIGNATURE

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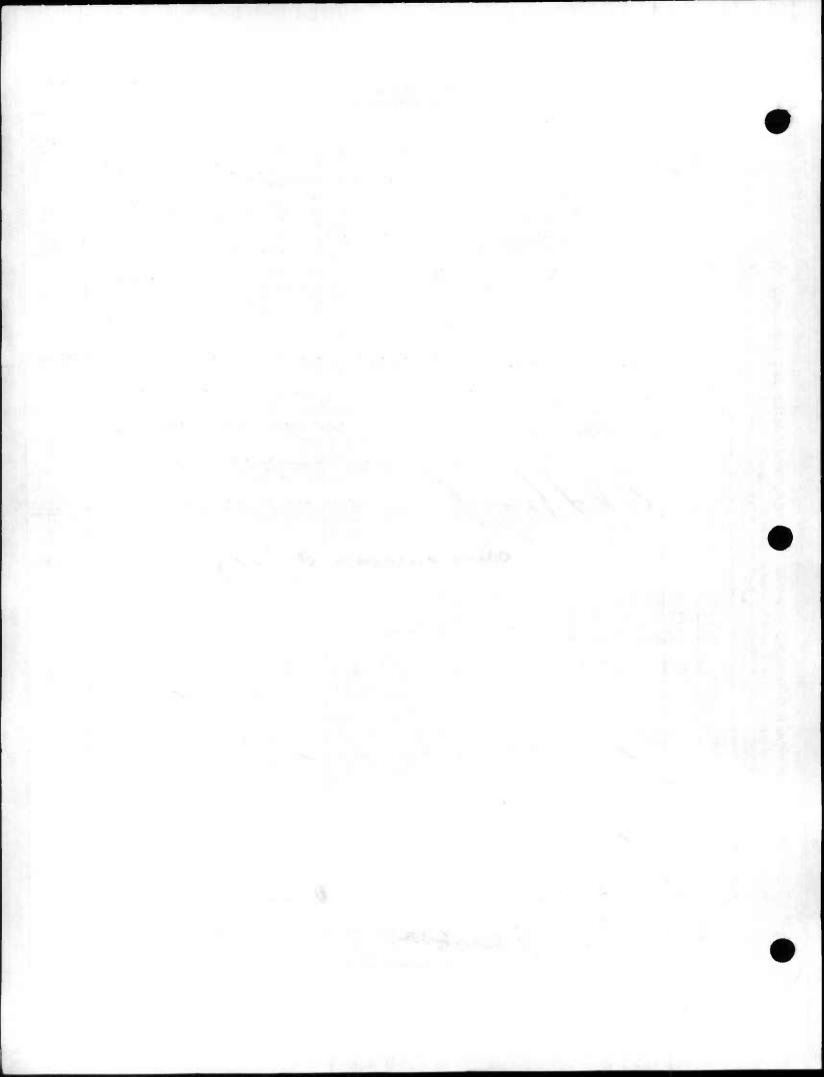
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att la	1. DECEDENT'S NAME (FIRE, ARRIVE LA					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	MARCELLA 4. SOCIAL SECURITY NUMBER	S. EHRLICH				January 3			12:45 A.	
	216-20-0863 Se. FACILITY NAME (IT not invotation, g	1 DM 2 RF 64	YRS.	F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) Jan. 18,1	927			
TOR	30 Sheraton Dr	ive			om Location of DEA allstown	ATH	9c. COUNTY OF DEATH Baltimore			
DIRECTOR	Maryland B	altimore	Depot 407 1	kesvil			10d. INS			
FUNERAL	5 Stonehenge	Circle I	Init 12	10	21208			1 YES 2 NO		
BY FUNE	H. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 XDivorced	12. WAS DECEDENT EVER I FORCEST 1 YES IF YES, GIVE WAR OR D	N U.S. ADMED	13. WAS DEC	C ORIGIN? (Specify Yell, Puerto Rican, etc.)		14. RACE Black Specifi	RACE — American Indian, Black, White, etc. Specify:		
TED	15. DECEDENT'S ((Specify only highest gr	rade completed	16a. DECEDENT'S US /Glive Aind of wor 8b. Do NOT use of	è done durino m	ON ost of working	16b. KIND OF BU	SINESS/INOU		ite	
COMPLETED	12 yrs.	3 yrs.	Statist		sistant	Social	Secur	ity	Administr	
BE CO	12. FATHER'S NAME (FIRST, MICHON, Last) J.			18. MOTHER'S NAM Bertha	E (First, Middle, Maiden Napier		i			
TO	Monica Brecka				and Number or Rural Ro	Cockeysv			21030	
	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	lanes 1	ech line.	Ruck S	TOWSON Fur	neral Home	∋, Inc	ים דיים	Approximate interval Between Oneat and Daa	
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):							
MEDICAL CE	PART II. Other significant conditions	ions contributing to death b	ut not resulting in t	he underlying	g cause given in Pa	PERFOR	PERFORMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO	
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1/40 HOSPITAL: OTHER:									
SICIAN:			atlent 3 DOA 4	THER:	-					
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	atient 3 DOA 4	THER: Nursing Hom F 28c, INJ WO	5 Maeldence 6		NJURY OCCU	RED		
TED BY PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	THER: Nursing Hom F 28c, INJ WO 1 1	URY AT RK? ZES 2 NO	Other (Specify)			ute Number,	
ETED BY PHYSICIAN:	EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sudeide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFVING PN:	HOSPITAL: 1 Inpatient 2 ER/Outp 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY	atlent 3 DOA 4 26b. TIME 0 INJUR — At home, farm, stradily) edge, death occurred a	THER: Nursing Hom F 28c, INJ WO 1 1 1 Net, tectory, office	e 5 B Raeldence 6 URY AT RK? (ES 2 NO 2 end place, end due to	Other (Specify) 18d. DESCRIBE NOW IN 18t. LOCATION (Street a City or Town, State) the cause(e) end men	nd Number or	Rural Ro		





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ENDING FILLD MAY BE HEAD TO THE TANK THE TOTAL THE POSTUTE OF EXPONENT WHITH 24 HOURS ARE DESTRICTED TO THE HOSPITAL OF ATTENDING PHYSICIAN.	funera	alter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Same of the
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31. DATE FILED (Month De Year) 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

30. BEGISTBAR'S SIGNATURE Funa Day doon-Mandale

Pages 1, 2, 3 should

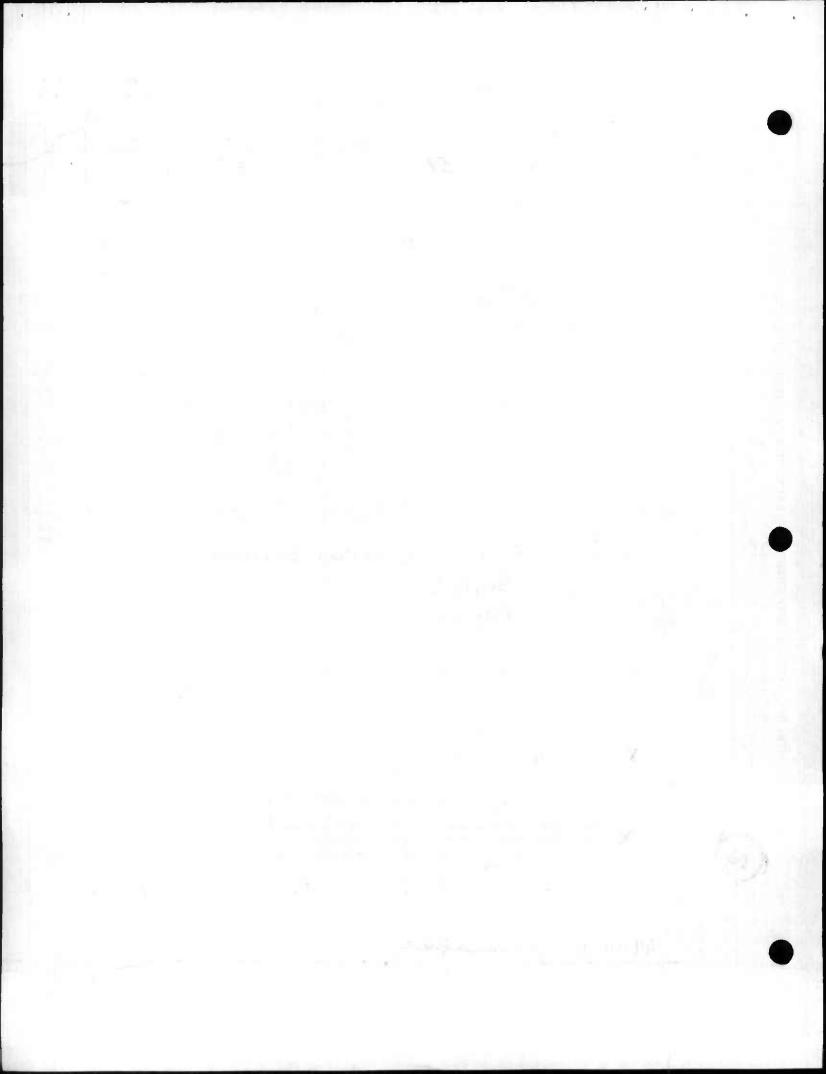
92 00074 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH Foster harles 5:15 A 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 19-28-332 1 M 2 - F 57 DAYS 3-11-9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Ba 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 149 2-1229 U, S.A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea. specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Married BY specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) hartes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. 2 ira, 20s. METHOD OF DISPOSITION

1 Surial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Uses. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart fallure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final **Onset and Daath** disease or condition resulting in death) End-Stage Renal Failure
DUE TO (OR AS A CONSEQUENCE OF): Sepsis

DUE TO (OR AS A CONSEQUENCE OF):

POP. 1 CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING neumonia CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death nd due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Pending

192



iff. Pages 1. 2, 3 should

BALTIMORE, MARYLAND 21215-002

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYLA	ND / DEDAG	TMEN	T OF BEALT	U AND	MENTAL HV		2 00075	
	1 - STATE REGISTRAR	OINTE OF MAINTEA	CERTIF	ICAT	E OF DEA	ATH		GIENE 3. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH DAY	YEAR 3. TIME OF DEATH	
	Lerov 4. SOCIAL SECURITY NUMBER	W.		Ford		or.	Januar	v 2. 19		
	214-20-3372	5. SEX 6. AGE (In	DAYS HOURS	ER 24 HRS.	7. DATE OF BIR (Month, Day, March	Year)	6. BIRTNPLACE (State or Foreign Country) Maryland			
~	9a. FACILITY NAME (If not institution, give s	9b. C/1	Y, TOWN OR LOCA	TION OF D			INTY OF DEATH			
DIRECTOR	426 Nollmeyer R	Mi	ddle Riv	ver		B	altimore County			
REC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN	OR LOCATION				10d. INSIDE CITY		
		imore	M	iddl	e River				1 YES ZONO	
FUNERAL	100. STREET AND NUMBER 426 Nollmeyer Ros	ad			101. ZIP CO				IZEN OF WHAT COUNTRY?	
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1 X YES	S. ARMED	t3	. WAS DECENDENT	OF NISPAI	NIC ORIGIN? (Spec	offy Yea or No-	t4. RACE — American Indian.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	Z [] NO		If yes, specify Cul			dc.)	Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 1 completed)	Sa. DECEDENT'S	USUAL (OCCUPATION during most of work	kina	16b, KIND	OF BUSINESS/IN		
J.E	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5+)		200						
OM	17. FATNER'S NAME (First, Middle, Last)		Yard I	yast		THE DIO 44		Lroad		
BE C	Samuel	Edward	For		E	lice		akley		
2	190. INFORMANT'S NAME (Type/Print) Karen A.	Henderson			S (Street and Numb					
		20b P	ACEANDDATE	DE DISPO	SITION (Name of		OATE O	On LOCATION	d. 21220	
	4 Donation 5 Other (Specify) Gardens of Faith Cemetery 1/2/92 Baltimore, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LIC	enfensk.		22	Bruzdzin	iess of fa	Funeral	Home	Maryland 21221	
	23. PART 1. Enter the diseases, or c	omplications that caused t	hs dasth. Do r	ot ents	r the mode of d	ying, suc	h as cardisc or	respiratory sr	reat, Approximats	
	23. PARTI 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory erreat, abock, or heart fellurs. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition									
	resulting in death)	DUE TO (OR AS A CO	ONSEQUENCE OF	F):	1/09	065	150	91		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF	F):						
FICA	CAUSE (Disease or injury	DUE TO (OR AS A CO	NEECHENOE OF							
RTI	that initisted events resulting in death) LAST	1.	DINSECUENCE OF	-):						
. 1	PART II. Other significant conditions	s contributing to death but	not requities	- Ab	ad at the second					
PHYSICIAN: MEDICAL	ondition	e contributing to usath but	not resulting	n the u	nderlying cause	givsn in	Part i. 24a, W	AS AN AUTOPSY ERFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
밀							_ ¹□¹	ES 2 NO	DF DEATH?	
2							-		1 YES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Che	ock only one)			
Sign	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inputient 2 ☐ ER/Outpatk	int 3 🗆 DOA	OTHE	R: rsing Home 5 🗆 F	Residence	6 Other (Specif	(v)		
F	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM		28c. INJURY AT WORK?			NOW INJURY OC	CUREO	
B	2 Accident Investigation	20. 51.425		М	1 TES 2	□ NO				
TED	3 Suicida 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, term, s	treet, tec	tory, offica		28t, LOCATION (: City or Town,	Street and Number State)	or Rural Route Number,	
COMPLETE	298. CERTIFIER (Check only	CIAN: To the best of my knowled	ge, death occurre	d at the	time, data and plac	e, and due	to the cause(a) ar	id manner as stat	led.	
NO.	one) 2 MEDICAL EXAMINER	R: On the basis of examination as	nd/or investigatio	n, In my	opinion, death occi	ared at the	time, data and pla	ce, and due to th	na cause(s) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER					CENSE NUM			E SIGNED (Month, Day, Year)	
10 8	AD NAME AND ADDRESS OF PERSON HOLD	COMPLETED ONLINE OF	ne	2_		26	475) /	12/92	

31. DATE FILED (Month, Day, Year)

JAN 9 9 1992

2. REGISTRAR'S SIGNATURE

DNMN-t6 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	TO THE FUNERAL PHECIUM: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOS AN OH A FINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

REGISTRAR		CEI	RTIFICA	TE OF	DEATH	ND MENT	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las Charles	Freeman						TE OF DEATH	1 3	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 065 03 7950	1 M 2 🗆 F	84	YRS. MONTH		IF UNDER 24 I	BIRTHPLACE (State or Foreign Country) NEW YORK					
9a. FACILITY NAME (If not institution, given on the second of the second	l Hospital	9b. C	Balti	MOLE (OF DEATH		9c. COUNT	Y OF DEATH			
10a. STATE 10b. COUN MARYLAND	10a. STATE 10b. COUNTY								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10. STREET AND NUMBER 4011 ELDERON 11. MARITAL STATUS	10e. STREET AND NUMBER 4011 ELDERON AVENUE					5			N OF WHAT COUNTRY?		
3 Widowed 4 Divorced	12. WAS DECEDENT EVEI FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	D	If yea, sp	ecify Cuban, N	ISPANIC ORIGI lexicen, Puart Specify:	SIN? (Specify Yea o Rican, stc.)	or No 14	Black, White, etc. Specify: BLACK		
15. DECEDENT'S ED (Specify only highest grant properties) Elementary/Secondary (0-12) 0-12 17. FATHER'S NAME (First, Middle, Last)	OUCATION de completed) College (1-4 or 5+)	(Give	DENT'S USUAL kind of work doi to NOT use retired BOR FOI	ne during mo d.)	ON st of working	10	CONST	RUCTIO			
	EEMAN	LIA.	DOK 10	Ciriu	18. MOTHER	S NAME (First	, Middle, Maiden		721		
19a. INFORMANT'S NAME (Type/Print) MRS. DORIS DOT	rson	19b. 8	MAILING ADORE	SS (Street a	nd Number or I	Rural Floute Nu	mber, City or Town	n, State, Zip Co	21060 EN BURNIE, MD.		
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State		DO DATE OF DISP			6/92	SYK	CATION — CITY	y or Town, StCARROLL E, MD. CO.		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	M	,	LEWIS		YNN FI	UNERAL	HOME	21215-6393 ORE, MARYLAND		
23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)					he death. Do not enter the mode of dying, such as cardiac or respiratory arrest, h line. ONSEQUENCE OF): ONSEQUENCE OF):					
		in the underlying cause given in i			Part I. 24s. WAS AN AUTOPSY PERFORMED?						
	ona contributing to death	but not read	uiting in the	underlying	cause give	n in Part i.	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?		
	HQSPITAL:		ОТНІ	26. PL ER:	ACE OF DEATH	1 (Check only o	PERFORI 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/O 20a. OATE OF INJUR (Month, Day, Yeer,	utpatient 3 🗆	ОТНІ	26. PL ER: ursing Hom 28c, INJU	ACE OF DEATH	A (Check only once 6 Oth	PERFORI 1 YES 2	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Accident Investigation	HOSPITAL: 1 Inpatient 2 - ER/ON 28a. OATE OF INJUR (Month, Day, Year)	utpatient 3 🗆 Y	DOA 4 N	26, PL ER: uraing Home 28c. INJt WOI 1 Y	ACE OF DEATH 5 Reside JRY AT RK?	A (Check only once 6 Other 28d. Di	PERFORI 1 YES 2	NO NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Accident Investigation	HOSPITAL: 1 Inpatient 2 = ER/Ot 28a. OATE OF INJUR (Month, Day, Year 26a. PLACE OF INJUR building, etc. (%)	utpatient 3 2 Y P RY — Al home, pecify)	DOA OTHI 4 IN 8b. TIME OF INJURY M ferm, streal, fa	26. PL ER: uraing Hom 28c. INJI WOI 1 Y sectory, office	ACE OF DEATH 5 Reside 7 AT ATT FRY ES 2 NO	A (Check only of the control of the	PERFORI 1 YES 2 Description of the second	MED? NO UURY OCCUR Ind Number or i	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide a Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/ON 28a. OATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, etc. (S) SICIAN: To the best of my kno	utpatient 3	DOA 4 N 4 N 8b. TIME OF INJURY M ferm, streal, fa occurred at the atligation, in my	26. PL ER: uraing Hom 28c. INJI WOI 1 Y sectory, office	ACE OF DEATH 5 Reside 7 AT ATT FRY ES 2 NO	26f. LO	PERFORI 1 YES 2 Description of the second	MED? NO UURY OCCUR Ind Number or i	AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO		

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WHITH MOCK CEMETERY 1/6/92 SYNIBVILLE, NO. CO.

LEWIS T. GWYNN FUNGHAL HOWE 21215-0393 4517 PARK HELDHIS AVE. WALTEDSHE, MASYLAND

cal examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
loval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
Ifter death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR		SIAIE UF N	MARYLAND /	ERTIF	ICATE O	OF DEATH	MENT	AL HYGIEN REG. NO			
1. DECEOENT'S NAME (F	irst, Middle, Last)						2. DA1	TE OF DEATH		12	. TIME OF DEATH
Dore	othy	Lillian	GE	EISBERT 10					19	92ª	6:59 A
4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DAT	TE OF BIRTH			ACE (State or Foreign
059-20-563	059-20-5633 1 □ M 2 √ F 66 9a. FACILITY NAME (if not Institution, give street and number)			YRS.	MONTHS DAY	YS HOURS MIN.	03	with Clay Mone)	25	Country)	N.Y.
Franklin.	Franklin Square Hospital RESIDENCE OF DECEDENT					on location of	DEATH			TY OF DEA	County
10a. STATE	10b. COUNT	TY		10c CIT	Y, TOWN OR LO	CATION				12	0d. INSIDE CITY
	Md. Baltimone					River					LIMITS? YES 2 NO
10. STREET AND NUMBER 11. MARITAL STATUS	Drive					101, ZIP CODE 2/220				EN OF WH	AT COUNTRY?
3 Widowed 4 D		12. WAS OECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2 THAT	MED 10	If yes	OECENDENT OF HISP , apocify Cuban, Maxie YES 2 1 NO Specific	can, Puarte	GIN? (Specify Yes o Rican, atc.)		14. RACE - Black, 1	- American Indian, White, atc.
15. D (Specify of	ECEDENT'S EDU	UCATION	16a. DE	CEDENT'S	USUAL OCCUP	PATION	16	6b. KIND OF BUS	SINESS/INDU		
Elementary/Secondary	-	College (1-4 or 5 +)		vork done during se retired.) Le Open	most of working		Facto			
17. FATHER'S NAME (First, Robert	Middle, Last)	ne			50 0,00		AME (First	t, Middle, Maiden	0		
19a. INFORMANT'S NAME (arol Perr	(Type/Print)		198			eet and Number or Rurs	I Route Nu			Code)	
20a. METHOD OF OISPOS			005 01 1054			Avenue 8					
1X Burlal 2 Crema 4 Donation 5 Ott	ntion 3 🗆 Ram her (Specify)		Holly		per place)	ial Garde	ens l		Midd		
21. SIGNATURE OF FUNE	RAL SERVICE LI	D. Deil	lu		22. NAMI	Les S.Zei	ACILITY		0	5224	
II STIUCK, OF	heert fellure.	complications that	t caused the de	ath. Do n		mode of dying, su				aste	Approximate
immediate cause (i disease or condition resulting in death) Sequentially list cond if any, leeding to immediate. CAUSE (Disease or in that initiated events resulting in deeth) LA	ditions, nedlate	a. Compliance construction of the construction	ications (OR AS A CONSECTAL CAUS	PESI DUENCE OF DUENCE OF	ulting		ch as ce	rdiec or reepi	minal	at,	Approximate interval Betwee
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immediate cause (if disease or condition resulting in death) Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) LA	ditions, nedlate LYING alors condition	a. Compliant To (ications ications for as a consect cal Caus for as a consect lia for as a consect for as a consect for as a consect	PESI DUENCE OF DUENCE OF	ulting :: :: :: :: :: :: :: :: :: :: :: :: ::	from Met	astai	tic/Ter Lung C	ratory arre	24b. W	Approximate Interval Betwee Onaet and Deat Onaet and Deat ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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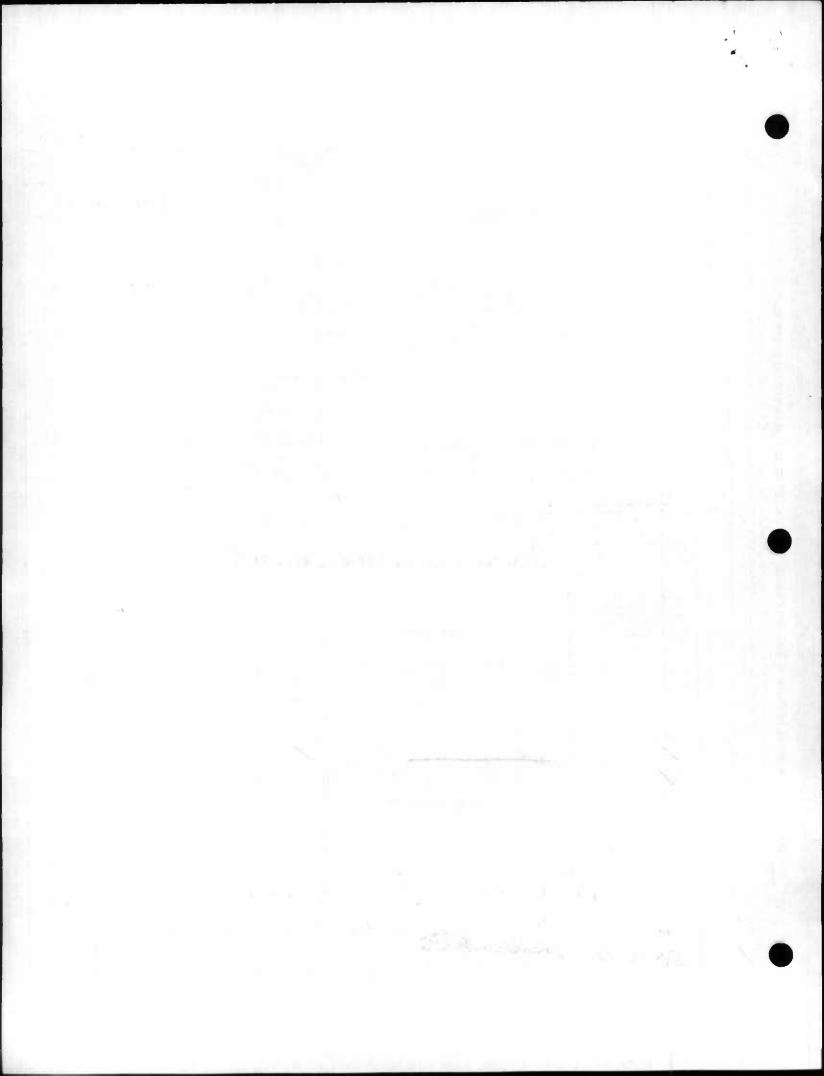
ald of me

BALTIMORE, MARYLAND 2	24 hours after death. Page 6 may be retained by the hospital	filled in by the funeral director, page 5 should be detached to	ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mentai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

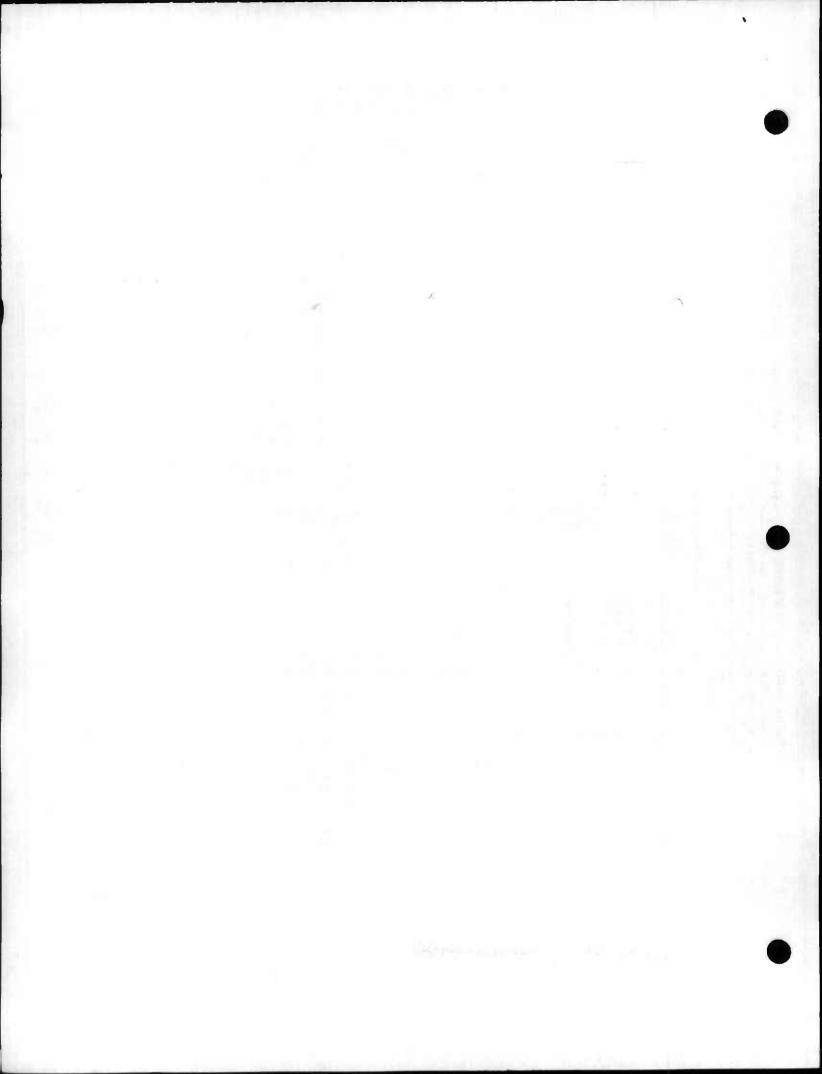
JAN 06 1992

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	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLANI	O / DEPAR	TMENT	OF H	DEAT	AND I	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2 DATE	OF DEATN			3. TIME OF DEATH
	Marguerite	A. Go	ode						MONT		AY	YEAR	Che i a
	4. SOCIAL SECURITY NUMBER	5. SEX		AGE (In yrs. last birthday) IF UNDER 1 Y			IF UNDER		/		2	92	7.13A M
	216-30-6067	1 M 2 X F	MONTHS				HOURS	MIN.		OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	83								/30/08			York
or			9b. CITY	, TOWN C	R LOCATI	ON OF DE	HTA			NTY OF DE			
DIRECTOR	3201 Mayfield Avenue				Ro	ckda	le				174	7-1	more
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY												
8					Y, TOWN C								10d. INSIDE CITY
FUNERAL D		ltimore			Rock	dale							1 YES 2 NO
	10e. STREET AND NUMBER					10f	ZIP CODE	E			10g. CITI	ZEN OF WI	HAT COUNTRY?
E	3201 Mayfield Ave	nue						21	207		TT	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT O	F NISPAN	IC ORIGI	N? (Specify Yes	or No-		- American Indian.
	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W		NO		it yes, spe	2K NO	n, Mexica	n, Puerto	Rican, atc.)		Black,	White, atc.
В	3 🔀 Widowed 4 🗌 Divorced					. [] IE3	2 <u>45</u>] NO	Specify				Specify	White
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	CATION	16e.	DECEDENT'S	USUAL O	CCUPATIO	N.	_	168	. KIND OF BU	SINESS/IND	USTRY	
E	Elementary/Secondery (0-12)	Coffege (1-4 or 5 +		(Give kind of v	vork done (e retired.)	during mo	st of workin	9	100	NAME OF BO	311123371110	OSINI	
4		1 year	<i>'</i>	Secr	tary	J				Merk1	o Mor		h 0-
NO.	17. FATHER'S NAME (First, Middle, Last)				, car							lumen	E Co.
Ö	John Behrens						18. MOTH			Middle, Maiden	Surname)		
BE									deli				
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
	Mr. William Bruce	Goode		6515	Carr	:011	High	11an	ds R	oad S	vkesi	71110	MD 21784
	20e. METNOD OF DISPOSITION	ment toom State	20b. PLA	CE AND DATE	AC DIRECTO	ATTOME (ALC.							
	1 Burtel 2 K Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Carroll Cremation Service 1/3/92 Hampstead, Maryland												
	22. NAME AND ADDRESS OF FACILITY												
	· IALE				Lo	ring	g Bye	ers I	Tune:	ral Di	recto	rs,	Inc.
_	1 TOTAL	>			87	28 1	iber	ty I	Road	Rand	allst	own,	MD 21133
	23. PART/i. Enter the diseeses, or o shock, or heert failure.	complications the	caused the	death. Do r	ot enter	the mod	de of dyi	ng, auch	ee care	diac or reepi	retory em	est,	Approximate
	IMMEDIATE CAUSE (Final	^	oc on each i	irie.									interval Between Onaat and Death
	disease or condition resulting in death)	HREGR	100%	0.00	10	od:	1/05	0.1	000	D, Cox	200		
- 1	readiting in death)	DUE TO	OR AS A CON	SEQUENCE OF):	1-01	בדן עם	(011	710	1201	45 W		
-					,								ì
ERTIFICATION	Sequentially list conditions,	DUE TO	OR AS A CON	SEQUENCE OF	١٠								
AT	if any, leading to immediata cause. Enter UNDERLYING			020021102 01	<i>)</i> ·								
윤미	CAUSE (Diseese or Injury	DUE TO	OR AS A CONS	SECUENCE OF									
E	that initiated eventa resulting in death) LAST		011 A3 A 0014.	SECOENCE OF):								
		1											
ادّ	PART ii. Other eignificent condition	e contributing to	deeth but no	ot resulting i	n the un	derivina	ceuse o	íven in F	Part i	24a. WAS AN	ALITOPRY	245 8	WERE AUTORON FINANCIA
<u>ა</u>										PERFOR		1	WAILABLE PRIOR TO
									-	1 YES 2	□ NO		ODMPLETION OF CAUSE OF DEATH?
Σ	***								_			1	YES 2 NO
ž I													
흥미	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF DE	ATH (Che	ck only on	0)			
PHYSICIAN: MEDICAL	YES 2 NO	1	60/Outputtern	JET-OOA	OTHER		5 Rei	ildence 6	□ Othe	(Specify)			
到	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	OF	28c. INJL	RY AT			CRIBE HOW IF	JURY OCC	URED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rear)	INJI	JRY M	1 Y	IK? ES 2 🗌						
à	2 Deutstein	28e. PLACE OF	INJURY — At	home term a	reat facts			-	001 100	71011 101			
	4 Homicide 6 Could not be	building, o	rtc. (Specify)	riome, reriir, s	irent, laicit	ry, office		- 1	City	ATION (Street a or Town, State)	nd Number	or Rural Rou	ite Number,
	29e. CERTIFIER												
COMPL	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of a	ny knowledga,	death occurre	d at the tir	ne, date o	end place,	end due t	o the cau	se(s) end men	ner ea state	d.	
ő	070) P MEDICAL EXAMINER	R: On the beele of ex-	emination end/e	or investigation	, in my op	oinion, de	ath occurs	d at the t	lme, date	end place, end	due to the	ceuse(e) a	ind manner ea stated.
	296. SIGNATURE AND TUTLE OF CENTIFIER						29c. LICEI			1			
B			-				- PV. LIVE	TOL ITUM	OF THE		∠va. OATE	SIGNED /A	fonth, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTM	TENT OF H	EALTH AND DEATH			lan .	00015
	1. DECEDENT'S NAME (First, Middle, Last) BABY BOY 4. SOCIAL SECURITY NUMBER	GARVEY / Conno	r Ihle (arvey	IF UNDER 24 HRS.	2. DATE OF DI MONTH 01 01 01	EATH DAY 92	YEAR	3. TIME OF DEATH 09 10P M IPLACE (State or Foreign
œ	9a. FACILITY NAME (If not institution, give		YRS.	CITY, TOWN O	HOURS MIN.	01 0	1 92	Count MI NTY OF D))
DIRECTOR	RESIDENCE OF DECEDENT	BALTIMORE MEDICAL CENTER TOWSON F DECEDENT 106. COUNTY 106. COUNTY 106. CITY, TOWN OR LOCATION					BA	LTIN	ORE
AL DIR	MD BAT	LTIMORE	LTIMORE			100 CIV	751 05 1	1 YES 25 NO	
FUNERAL	2 JAMESON LANE 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED		21208	NIC ORIGIN? (Spi	U.:	S.A.	E — American Indian.
BY	Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO	If yes, spe	city Cuben, Mexic 2 NO Spec	en, Puerto Ricen.	etc.)	Blac	White
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) N/A	JCATION 16e. College (1-4 or 5+)	DECEDENT'S USL (Give kind of work life. Do NOT use rel N/A	IAL OCCUPATIO done during mos lired.)	N it of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
ш	17. FATHER'S NAME (First, Middle, Last) William Joseph G	arvey				AME (First, Middle, Marie			
TO B	19a. INFORMANT'S NAME (Type/Print) Mr. & Mrs. Willia	am J. Garvey	196. MAILING ADD		nd Number or Rural	Route Number, Cit	y or Town, State, Zip		
	20e. METHOD OF DISPOSITION 1 X Burlet 2	20b.PLA	CEANDDATEOFD	SPOSITION /Nar	me of		20c. LOCATION —	City or To	wn, State
	21. SIGNATURE OF PUNEPIAL SERVICE LIC	CENSEE		Lorin	ADDRESS OF F	Funera	1 Direct	ors	
	23 PART L Enfer the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. POTTER S SY	NDROME	enter the mod	le of dying, suc	ch as cerdiac o	r respiretory an	rest,	Approximete interval Between Onset and Death
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury								
CERTI	that initieted events resulting in death) LAST	DUE TO (OR AS A CON	SEGUENCE OF):						
MEDICAL	PART II. Other significant condition	as contributing to death but no ASPHYXIA	ot resulting in th	e underlying	cause given in		MAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Тот	26. PLA	ACE OF DEATH (C)	heck only one)			
HYS	1 YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c. INJU	RY AT	8 Other (Spec	HOW INJURY OCC	UREO	
B≼	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY — At			ES 2 NO	261 LOCATION	(Change of the section)		
ETED	4 Homicide determined	bunding, etc. (Specify)				City or Town			oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, R: On the basis of examination and/	death occurred at or investigation, in	the time, date e my opinion, de	and place, end due	to the cause(e) e	end manner ee atat	ed. e ceuse(e	end manner ea stated.
BE	SELE - TYPE	way MD	NEONA	100011	29c. LICENSE NU	MBER	29d. DAT	SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS (IF PERSON WH	O COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Print)					
	JAN 06 1992	32. REGISTRAR'S SIGNATURE	Less.						

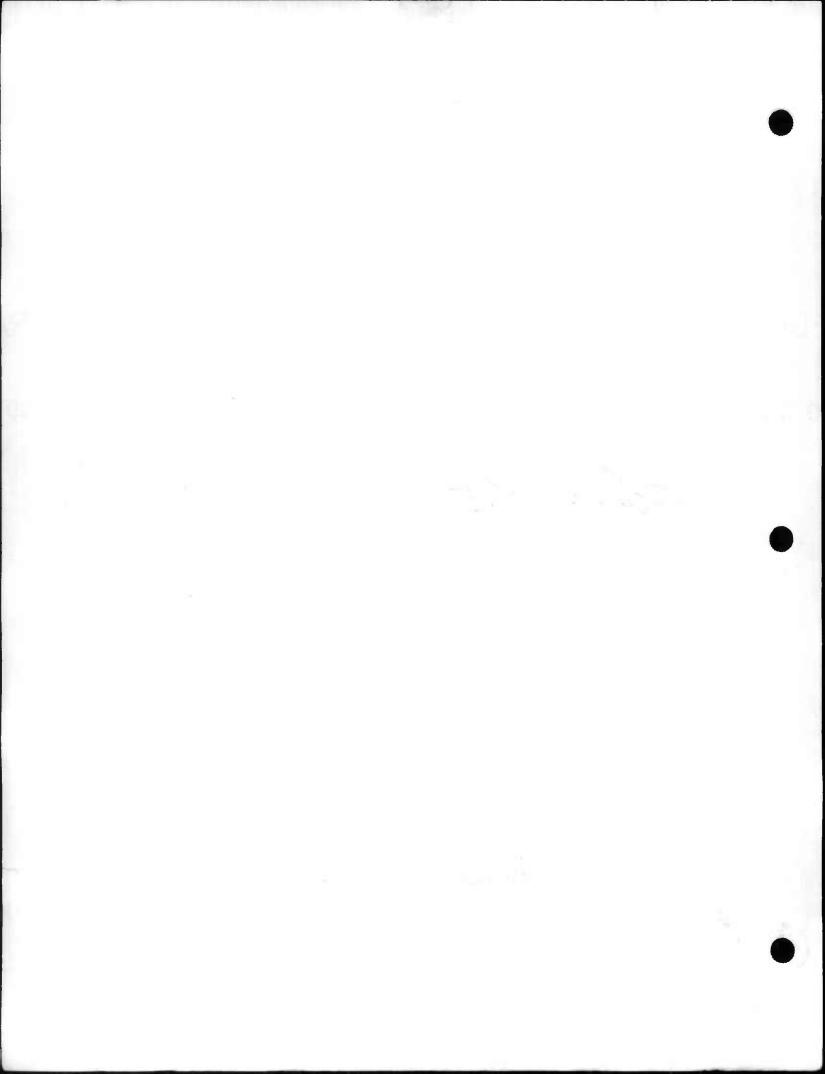


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ORE, MARYLAND 21203-3146	a retained by th
BALTIMORE,	Page 6 may b
BALT	after death.
•	24 Trours
X 13146,	he executed within 24 mours after death. Page 6 may be retained by the hospital or attending others
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			ME OF DEATH	1
	JOHN H. GOFF					MONTH 3	y y y y y y y y y y y y y y y y y y y	2 5:	40 a.	м
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (I		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE	(State or For	eign
	218-28-0206 9e. FACILITY NAME (If not institution, give si	1 X M 2 F	59 YRS.	b. CITY, TOWN O	HOURS MIN.	01/21/32	PI PC COUNTY O	TTSBU	RG, PA	•
FUNERAL DIRECTOR	DVA MEDICAL CENTER	,FT. HOWARD,	MARYLAND	Bal	timore		Ba	ltimo	re	
EC	10a. STATE 10b. COUNTY	1	10c. CITY, 1	OWN OR LOCATI	ON			10d.	INSIDE CITY	
5	Maryland Balt	imore	Ba	altimor	е				YES 2 XX	NO
AL	10e. STREET AND NUMBER		-	101.	ZIP COOE		10g. CITIZEN	OF WHAT	COUNTRY?	
Ë	4103 Hollings Fer		<u>. </u>		21227		U.S	S.A.		
BY FUI	11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	2 NO ATES	If yes, ope		IC ORIGIN? (Specify Yen, Puarto Rican, etc.)		Black, Whit Specify:		n,
	15. DECEDENT'S EDUC	Korea	16e. DECEDENT'S US			16b, KIND OF BU			ite	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during mos etired.)		2002		HY		
MP	10TH GRADE		COSTODI	AIN			OFFICE			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden				
BE.	ROY GOFF 190. INFORMANT'S NAME (Type/Print)		105 MAII INC AI	DDBESS (Street o		IA C. GOF		la l		
5	CLINICAL RECORDS					FT. HOWAL			21052	
	20e. METHOD OF DISPOSITION	20b	PLACE OF DISPOSIT				CATION - City			
1	1 XBurial 2 Cremation 3 Rem	ovat from State	OUDON PAR	K CEMET	ERY		BALTIM	ORE		
	21. SIGNATURE OF FUNDMAL SERVICE LIC	THOSE /	10		D ADDRESS OF FA		C			
	Deveso.	Lypt	5	4107 W	ILKENS A	L HOME IN	TIMORE,		21229)
	23. PART i. Effer the diseeses, or of shock, or heart failure.	complications that caused List only one cause on e	the seath. Do not	antar tha mo	de of dying, suc	h as cardiac or resp	oiratory arrest,		Approxima interval Be	
	IMMEDIATE CAUSE (Final				4.		ъ.		Onset and	
	disease or condition resulting in deeth)	a		Carcino	ma w/Met	astasis to	Brain			
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS A	CONSEQUENCE OF):							
S	cause. Entar UNDERLYING	e.								
Ĕ	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
EB	resulting in dasth) LAST	d								
AL C	PART II. Other significant condition		out not resulting in	the underlying	cause given in				E AUTOPSY FII	
S	Seizure Disorde	r				PERFO	RMED?	COM	ABLE PRIOR	
9						,	. (5)		EATH? YES 2 🖔 N	10
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one)				
Sic	1 ☐ YES 2 🌠 NO	HOSPITAL: 1X Inpatient 2 ☐ ER/Outp		OTHER: - Nursing Hom	e 5 🗆 Residence	6 ☐ Other (Specify)				
H	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME		URY AT RK?	26d. OEŞCRIBE HOW	INJURY OCCUR	ED		
B	1 Naturat 5 Pending 2 Accident trivestigation			M 1 1 3	_					
COMPLETED	3 Sutcide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec		eet, factory, office		26f. LOCATION (Street City or Town, State		iural Route I	Number,	
Z.	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	tCIAN: To the best of my know	riedge, death occurred	at the time, date	and place, and due	to the cause(e) and ma	anner as stated.			
N	anal and	ER: On the beele of examination						use(a) end	menner ea si	lated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	A DO			29c. LICENSE NUI	WBER	29d. DATE SI	GNED (Mon	th, Day, Year)	
BE C		00 D3m	3		D305	28	D 1/	3 9	2	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)			1	-		
		IA M.D., 9	600 North	Point	Road, For	t Howard,	Marylan	d 21	L052	
	JAN 0 6 1992	32 REGISTRAR'S SIGN	-Andre							





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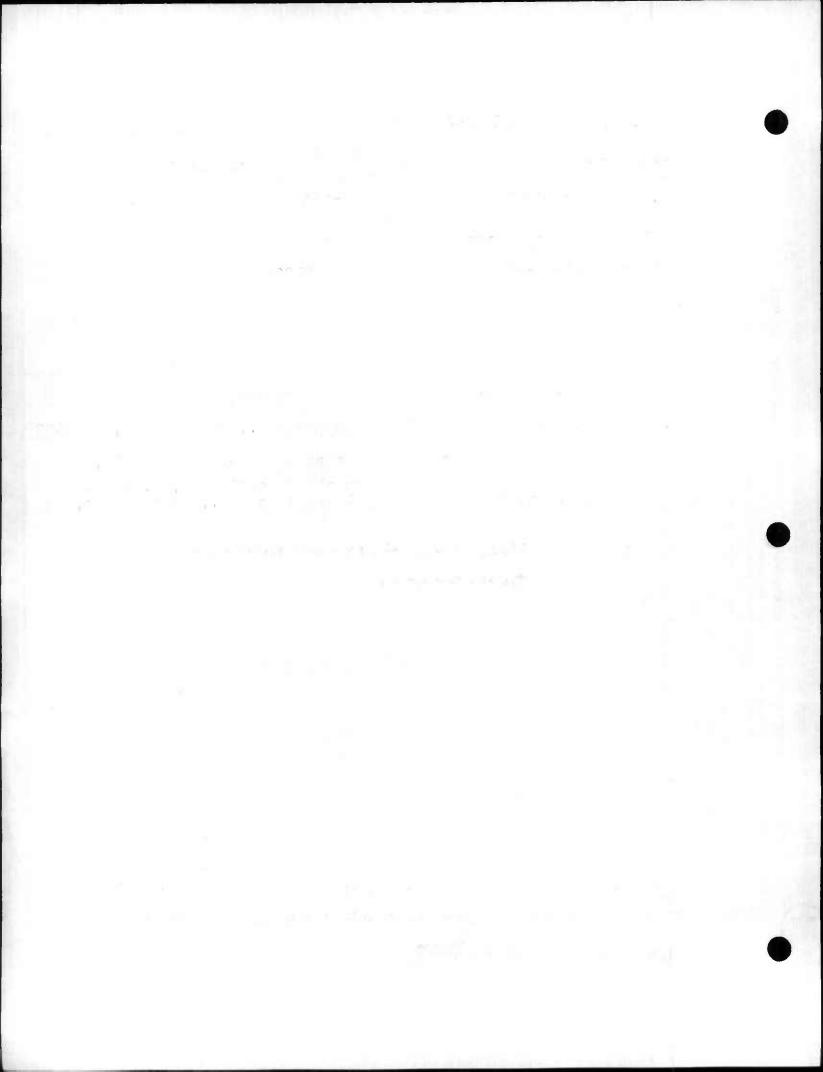
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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	I THE FUNERAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, o
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) John Henry Hepp 2. DATE OF DEATH 3. TIME OF DEATH 2115 P TOHN 02 O1 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign XXM 2 - F 80 212-12-6424 02-12-1911 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore 10a STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Essex 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10c. CITIZEN OF WHAT COUNTRY? 112 Doolittle Road 21221 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married BY 3 🔀 Widowed 4 🗌 Divorced . Whi<u>te</u> COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) 8th College (1-4 or 5+) Silver Smith Stieff once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) "Unknown to Records" F BE "Unknown" notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 A. Wayne Garreis 315 Ingleside Ave., Catonsville, MD 21228 pe 20g. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Parkwood Cemetery 4 Donation 6 Other (Specify) 01-06 Parkville, MD examiner 21. SIGNATURE OF FUNERAL SERVICE DICENSEE M. M. M. MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Rd., Catonsville, medicai 23. PART I. Enter the dieeesea, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximata ahock, or heert failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition HYPERNEPHROMA Mefastatie reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): DEHYDRATION CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 6 injury, PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 YES 2 NO DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) e 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide S 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide Пеш 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: IF 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Your) Med. Resident on Call 110 4 62 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. A. PARACHA DEDLOE WEDICORE SAH BACTLMORE 32. REGISTRAR'S SIGNATURE Julia Savidson Rendette IAN 0 6 1992



BALTIMORE, MARYLAND 21215-0020

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92 00082 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR Julia Hinkel 9216 92 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 M 2 F 215-50-9984 96 YRS. 6-14-95 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Health Center Wilson Gaithersburg Montgomery RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Gaithersburg Montgomery 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 301 Russell Avenue 20879 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried 84 1 YES 2 X NO Specify. 3 🔀 Widowed 4 🗌 Divorced White COMPLETED t5. DECEDENT'S EDUCATION (Specify only highest grade complet 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) High School Homemaker 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William Samuel Gabler BE Clara Woods 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Maddrix MRS Alice H. West Fuirway StuaRT, 20e, METHOD OF DISPOSITION
1 Transport of the second of th 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State MUST Woodlawn Cemetery 4 Donetton 5 Other (Specify) 1/6 Woodlawn, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Intervel Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition meumono reculting in death) DUE TO (OR AS A CONSEQUENCE OF) 0 CERTIFICATION Sequentisity ilst conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF) ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initisted evente OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 | Inpetiant 2 | ER/Outpetient 3 | DOA OTHER: 5 - Rasidenca S - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending tovestigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suictde COMPLETED S Could not be determined 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner ee stated. 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(s) end menner as atteted. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

Dr. John Tauber

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 8218 Wisconsin Avenue Bethesda, MD

32. BEGIŞTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JAN-06-1992

92

1-3

deleganded in all of the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		- OLN	TIFICATE (OI DEATH	REG. NO),			
- 3	1. DECEDENT'S NAME (First, Middle, Last)	Maril	4			2. DATE OF DEATH		3. TIME OF DEATH		
	Burton	Allen	Ŧ.	lammacke	r. Jr.	1 4	92	YEAR 2		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birth			7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
	214 20 5002				WS HOURS MIN.	(Month, Day, Year)	,	Country)		
	1217 30 30 30					10-03-33	1	Maryland		
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TO	WN OR LOCATION OF DE	9c. COUNT	Y OF DEATH			
8	4625 Horizon Circle Apt. 3				Pikesville	Ba	ltimore			
5	RESIDENCE OF DECEDENT						Du.	remore		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY		
<u>=</u>	Maryland Baltimore			Piko	sville			LIMITS?		
_	100. STREET AND NUMBER			TIKE			1 TYES 2 X NO			
¥					10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
9	4625 Horizon C	ircle Apt	. #3		21208		U.	.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT E		13. WAS	DECENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	or No- 1	4. RACE — American Indian,		
-	1 Never Married 2 Married	FORCES? 1 [If yo	a, specify Cuban, Mexica YES 2 X NO Specify	n, Puerlo Rican, etc.)		Black, White, etc.		
ВУ	3 Wildowed 4 Divorced		-11 -11 -1	' '	TES 2 KS NO Specin	/:		Specify:		
0	15. DECEDENT'S EDU	CATION	16a DECEDE	NT'S USUAL OCCU	DATION	461 KIND OF BU		White		
E	(Specify only highest grade		(Give kin	d of work done during OT use retired.)	g most of working	16b. KIND OF BU	SINESS/INDU	STHY		
اتر	Elementary/Secondary (0-12)	College (1-4 or 5 +)	mo. 20 1	01 000 1011100)						
₹	12 Years					MD Cu	p Corp	poration		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
BE	Burton A. Han	macker, S:	r.		I.o.	retta Rhoa	dec			
	19a. INFORMANT'S NAME (Type/Print)			ING ADDRESS (S)	reet and Number or Rural I			TAN .		
2		1								
	Mrs. Donna Hamma	icker	462	5 Horiz	on Circle	Apt. 3 P	ikesvi	ille, MD 21208		
	20s. METHOD OF DISPOSITION 1 Disposition 3 Removed	oval from State	20b. PLACE AND D		N (Name of	OATE 20c. LC	CATION — CI	ty or Town, State		
	4 Donation S Other (Specify)		Lake Vi	ew Memo	rial Park	1/7 Svk	esvill	le, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			E AND AGORESS OF FA	CILITY	001111	e, naryzana		
		RA		Lor	ing Byers 1	Funeral Di	rector	s, Inc.		
	James	3 6	vell -					own, MD 21133		
	23. PART i. Enter the diseases, or o	complications that ca	used the death.	Do not enter the	mode of dylng, eucl	h as cardlec or read	ratory arres	et, Approximate		
	andex, or ligar trailure.	List only one cause	on each line.		, ,			Intervel Between		
	IMMEDIATE FAUSE (Final disease or condition	\sim	1 1	1 1	,			Onset and Death		
	recuiting in death)	a	1 17/10	Le //	yelm	~~		1/RS		
		DUE TO (OR	AS A CONSTQUEN	E OF):	/			1		
		(2)	OPL)	•			1121		
Z	Sequentielly list conditions,	OUF TO (OR	AS A CONSEQUENC	E OF):				Y		
NO.								i /		
ATION	if any, leeding to immediate cause. Enter UNDERLYING	T any, leading to immediate cause. Enter UNDERLYING								
FICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	3.	AS A CONSEQUENC	E OD:				2.53		
TIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	3.	AS A CONSEQUENC	CE OF):						
ERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	3.	AS A CONSEQUENC	CE OF):						
- CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	OUE TO (OR								
AL CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	OUE TO (OR			lying ceuse given in	Part I. 24a. WAS AN		24b, WERE AUTOPSY FINDINGS		
DICAL CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	OUE TO (OR			lying ceuse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
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1 - FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		<u> </u>	-ITTI	ICATE	OI.	DEAL	4.1	ne	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DI	EATH DAY	Y	YEAR	3. TIME OF OEATH
	Dorothy Roach	Hall							Jan.	1,	199	2	3:00 p м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le:	st birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day,			8. BIRTHE	PLACE (State or Foreign
	213-24-0240	1 🗆 M 2 💢	84	YRS.	MONTHS	, m,	HOURS	muy.	April		1907	Pe	nnsylvania
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH				9c. COU	NTY OF DE			
8	12718 Ocean Gateway			Ocean City				Worcester		ster			
5	RESIDENCE OF DECEDENT												
DIRECTOR				1	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
₽					cean	_					1 TES 2 X NO		
₹	10e. STREET AND NUMBER						ZIP CODE		10g. CITIZEN OF WHA			HAT COUNTRY?	
9	12718 Ocean Gate						1842					SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED NO					IIC ORIGIN? (Sp n, Puerto Ricen,		or No-	14. RACE Black,	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES				2 XNO					Specify	White
	15. DECEDENT'S EDUC										INESS/INC		
COMPLETED	(Specify only highest grade	completed)	(0)	Bive kind of us.	Work done du	ring mos	n it of workin	g					
اي	Elementary/Secondary (0-12)	College (1-4 or 6	+)			A TO SE	Mala					ator	mobile Park
₹	1 1 17. FATHER'S NAME (First, Middle, Last)		JOW	ner-	opera	tor			Home F				
8		Dank				- 1							
BE	Andrew William	Roach							ine Zir	-		-	
2	19a. INFORMANT'S NAME (Type/Print)								Poute Number, Ci				14 1 04000
	Dr. Armand Hall					_							Md.21842
	20a, METHOD OF DISPOSITION 1 Burlel 2 □ Cremation 3 □ Ram	oval from Stata	other p	(ace)	SITION (Name			-				City or Tov	25.50%
	4 Donation 5 Other (Specify)		Ever	greei	n Cen	nete	ery		CILITY	Be	rlin	Md.	
	21. SIGNATURE OF UNERAL SERVICE LIC	IENSEE A			22. N/	AME AN	D ADDRES	SS OF FA	outy Pral Ho	ma	108	Willi	ams St.
	11: 5xx/2	Justas	i						21811	, iiic	100	******	dins St.
	23. PART I. Enter the diseases, or o	complications its	t caused the d	eath. Do						or respi	ratory ar	reat,	Approximata
	shock, or heart fallure. IMMEDIATE CAUSE (Final	List only original	we on asch iin	a.									Intarval Between Onset and Death
	disease or condition	Con	dronde	noven	A	Jes	-						
	resulting in death)	DUE TO	COR AS A CONSE	OUENCE O	FIL		•						
-			1										
EDICAL CERTIFICATION	Sequentially list conditions, if any, lesding to immediate	DUE TO	(OR AS A CONSE	DISEQUENCE OF):					-				
S	csuse. Enter UNDERLYING	c Co	ugestie	ble	act -	To	سلت	9					
Ē	CAUSE (Disease or injury that initiated eventa	DUE TO	(OE) AS A CONSE	OUENCE O	F):								
H	resulting in dasth) LAST	d											
2	PART il. Other significant condition		ala ath hut mat		t- 16			-l t-	Part I. 24s. WAS AN AUTOPSY 24				
¥	PART II. Other significant condition	a contributing to	daath but not	Permitting	in tha uno	anying	cause 9	given in	Part 1. 24a	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă									1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
ME									_				1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF D	EATH (Ch	eck only one)				
KSI	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA			• 5 □ R	esidenca	6 Other (Sp	ecify)			
PHYSICIAN:	27, MANNER OF OEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIR	JURY 2	28c. INJ WO	URY AT RK?		28d. DESCRIE	BE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation			1	м	1 🗆 1	YES 2	□ NO					
	3 Suicide 6 Could not be	26a. PLACE building	OF INJURY — At h	ome, farm,	street, factor	ry, offic	•		281. LOCATIO	N (Street a	and Numbe	er or Rural R	loute Number,
1	4 Homicide detarmined												
7	29a. CERTIFIER (Check only 1	ICIAN: To the best of	f my knowledge, d	leath occur	red at the tim	ne, date	and place	, and due	to the cause(a	and mar	nner as sta	nted.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basia of	examination and/or	rinvestigati	on, in my op	inion, d	eath occu	red at the	time, data and	place, an	d dua to t	the cause(s	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c, LIC	ENSE NUI	MBER		29d, DA	TE SIGNEO	(Month, Day, Year)
BE	tistable	water	was				7	17	993		•	1-7-	43
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH //T	EM 27) (75/2)	a. Print)		17	- 1	003			, -	4
						hila	Λ.	10	_				
	Stephen T. Wa	42. EGIST	ARX SIGNOTON	101.	G P	ııııa	. A\	ve	- Oc	ean	City	, Mc	
	JAN 06 1992	gula nuna	Col . I .	-	-								

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page may be made by the hospital or attending physician.

"TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law speed by the attending physician and completely filled in by the funeral director, page for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. MARYLAND 21203-3146 ¿ DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

SHOOT SECTION	
he medical examiner must be notified at once.	-
a).	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

1. DECEDENT'S NAME (First, Middle, Last) RUSSELV	C. HAMILTO	No		2. DATE OF DEATH DAY	92"	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	1 M 2 D F 8	YRS. MONT		7. DATE OF BIRTH (Marth, Day, Year) 8/26/04	t '	BIRTHPLACE (State or Foreign Country)			
9a. FACILITY NAME (If not institution, give si ST. JOSEPH HE RESIDENCE OF DECEDENT			CITY, TOWH OR LOCATION OF D	EATH	BAL				
10a. STATE 10b. COUNTY		BAL	VN OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
102 UNION	AUE		2121)		10g. CITIZEN	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2770	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Specify	an, Puarto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) UNKNOWN	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most of working ed.)	16b. KIND OF BUSI	NESS/INDUS				
17. FATHER'S NAME (First, Middle, Last) JAMES C. HAMI	LTON		The second second	AME (First, Middle, Maiden S MYERS	urname)				
19a. INFORMANT'S NAME (Type/Print) NANCY ULBINSKY		196. MAILING ADDI 1021	RESS (Street and Number or Rural UNION AVENUE						
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211									
)	A. ALAN SEI	rz, Jr, fun	ERAL H	IOME			
21. SIGNATURE OF FUNERAL SERVICE LICE A Class 23. PART I. Enter the diseases, or	Sector Se	the dasth. Do not a	22. NAME AND ADDRESS OF F A. ALAN SEI 3818 ROLAND	ACILITY IZ, JR, FUNI AVENUE, BA	ERAL H	IOME MD. 21211 Approximate interval Betw			
21. SIGNATURE OF FUNERAL SERVICE LIG A Clara 23. PART I. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition	Complications that caused List only one cause on each Due to (or as a b. Due to (or as a c.	the desth. Do not esch line.	22. NAME AND ADDRESS OF F A. ALAN SEI 3818 ROLAND	ACILITY IZ, JR, FUNI AVENUE, BA	ERAL H	IOME MD. 21211 Approximate interval Betw			
23. PART I. Enter the disessea, or shock, or haert failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, iseding to immediata cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A d	the desth. Do not a sech line. MONIA CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the	22. NAME AND ADDRESS OF F. A. ALAN SEI' 3818 ROLAND Inter the mode of dying, su	ACILITY TZ, JR, FUN AVENUE, BA ch as cardisc or respir	ERAL I	Approximate interval Betwoonset end D			
23. PART I. Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition CHRONIC OBST. ACCUSE (PENALTE REVA.	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	the dasth. Do not a sch lina. MONIA CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the MONIA OTT	22. NAME AND ADDRESS OF F. A. ALAN SEI' 3818 ROLAND Inter the mode of dying, su e underlying cause given in 15 24 5 2 26. PLACE OF DEATH (C)	ACILITY TZ, JR, FUN AVENUE, BA ch as cardisc or respir	ERAL I	Approximate interval Betwoonset end D 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH?			
23. PART I. Enter the disessee, or shock, or haert failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significant condition CHRONIC OBSTANTE REVA	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	the dasth. Do not a sch lina. MONIA CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the MONIA OTT	22. NAME AND ADDRESS OF F. A. ALAN SET 3818 ROLAND ntar the mode of dying, sue underlying cause given in the second secon	ACILITY TZ, JR, FUN AVENUE, BA ch as cardisc or respir	ERAL I	Approximate interval Betw Onset end Donset en			
23. PART I. Enter the diseases, or shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions CHRONIC OBST. ACCUSE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A DUE TO	I the dasth. Do not also line. CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the CONSEQUENCE OF): Determ 3 □ DOA 4 □ 26b. TIME OF INJURY	22. NAME AND ADDRESS OF F. A. ALAN SET 3818 ROLAND Inter the mode of dying, sue the mode o	ACILITY TZ, JR, FUN AVENUE, BA ch as cardisc or respir	LTO., atory srrest	Approximate interval Betwoonset end D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO			

ST. JOSEPH HOSPITAL

32. REGISTRAR'S SIGNATURE

1992

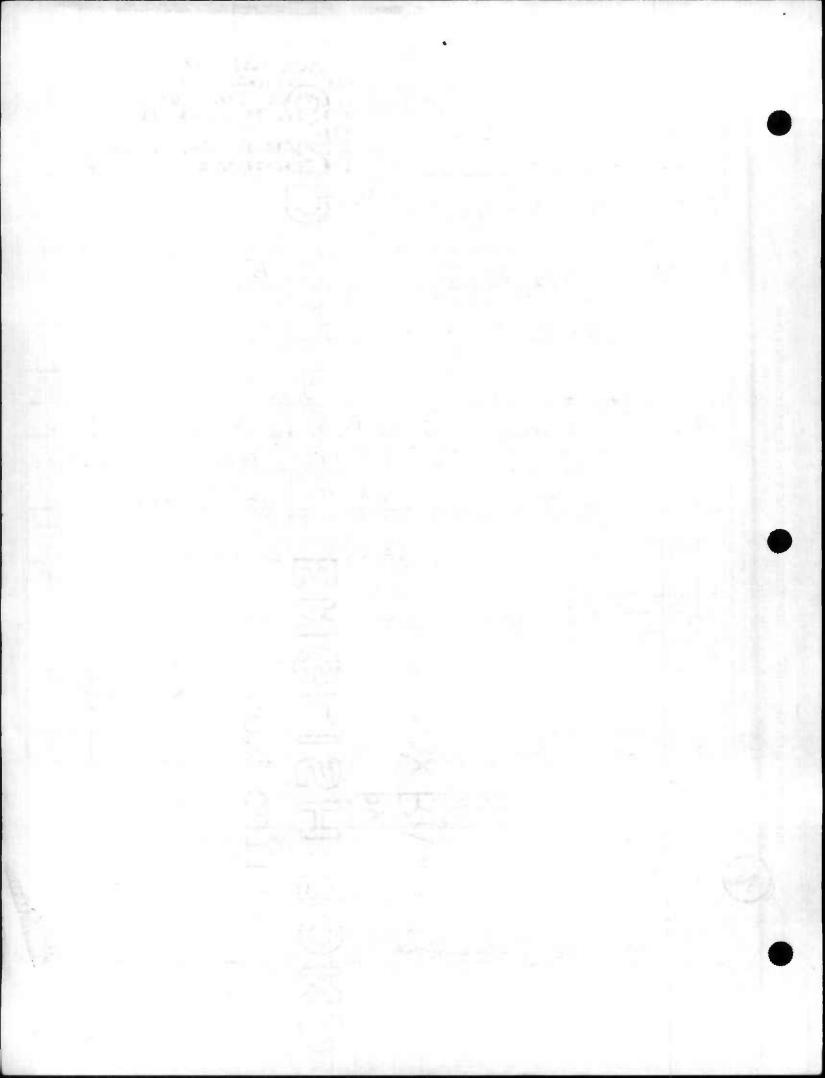




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THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	IM, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	III item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
K	M	R	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT		MENTAL HYGI	ENE O	2 00086
	1. DECEDENT'S NAME (First, Middle, Last)		M. M. M.	868 E12"	2. DATE OF DEATH	1~萬 高多	3. TIME OF DEATH
	BOURXSJA	R INES	500	推真者	1-2		6:25 A M
	4. SOCIAL SECURITY NUMBER 212-07-92XZ	12m2 = 81	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	7-0-6	Country) VA
TOR	9a. FACILITY NAME (If not institution, give the state of	street and number)	96. CIT	y, town or location of di Ba (to	EATH	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	Υ	Balti	,		_	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	2200 Presb	ing St		101. ZIP CODE 2/2	16	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPAI If yea, specify Cuban, Maxica 1 YES 2 NO Specifi	en, Puarto Rican, etc.	Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) Coffege (1-4 or 5+)	a. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND OF	BUSINESS/INDUS	FRY
M	17. FATHER'S NAME (First, Middle, Last)			16 MOTHER'S N	AME (First, Middle, Ma	idaa Sumama)	
8	James I	Verson		Joseph		iden surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	10.00	196. MAILING ADDRES	SS (Street and Number or Rural		Town, State, Zip Co	(e)
11	2Qa, METHOD OF DISPOSITION	206.94	MACE AND OATE OF OIS	POSITION (Name	DATE 200	LOCATION — City	or Town, Stata
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State of Jemi	elary cramatory or other	Fill Cem	1-6-92	Anne F	toudel Co. Mg
	21. SIGNATURE OF FUNERAL SERVICE LI	March	22	and address of fallach F.	HUBST K300	Vaba	ih Au
	23. PART I. Enter the diseasee, or	complications that coused the List only one couse on each		er the mode of dying, aud	h as cerdlec or r	espiratory arrest	, Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. MULTIPLE	LINFE	SSG ASTO	NBITUS	solce	Onset and Death
_		10000B	INSECUENCE OF:				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	MSEQUENCE OF):				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CO	INFORC	3 M36 I	Pac		
Ē	that initiated events resulting in death) LAST	DOE 10 (011 AS A 00	MOLGOLINGE OF J.				
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9		d					
AL	PART II. Other significant condition	ns contributing to death but	not resulting in the u	anderlying cause given in	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
AL	PART II. Other significant condition	d	not resulting in the u	anderlying cause given in	PE		AVAILABLE PRIDR TO
MEDICAL	PART II. Other significant condition	ns contributing to death but	not resulting in the u	anderlying cause given in	PE	RFORMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	1 YŁ	RFORMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 220 NO	HOSPITAL: 1. Onpatient 2 ER/Outpatie	ent 3 DOA OTHE	26, PLACE OF DEATH (C ER: unsing Home 5 ☐ Residence	PE 1 Yi	RFORMED?	AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 22 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1. Sympatient 2 ER/Outpatie 28a. DATE OF tNJURY (Month, Dey, Year)	ОТНЕ	26. PLACE OF DEATH (C	PE 1 Yi	RES 2 NO	AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1. Netural 5 Pending	HOSPITAL: 1. Nipatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF INJURY M	26. PLACE OF DEATH (C ER: ursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	PE 1 YI 1 YI 6 Other (Specify, 28d. DE\$CRIBE H	OW INJURY OCCUI	AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 20a. CERTIFIER (Check only)	HOSPITAL: 1.2 Inputtent 2 = ER/Outpatte 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY —	ant 3 DOA 4 NO THE 4 NO THAU N	26. PLACE OF DEATH /C ER: ursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO actory, offica	PE 1 VI 1 VI 1 VI 1 VI 2 VI 2 VI 2 VI 2 VI 2 VI 2 VI 2 VI 2	OW INJURY OCCUI	AWALLABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 20a. CERTIFIER (Check only)	HOSPITAL: 1. Ninpetient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — building, etc. (Specify) SICIAN: To the best of my knowledge. SICIAN: On the basis of examination as	ant 3 DOA 4 NO THE 4 NO THAU N	26. PLACE OF DEATH /C ER: ursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO actory, offica	PE 1 YI 1 YI Neck only one) 6 Other (Specify) 28d. DE\$CRIBE H 28f. LOCATION (S City or Town,)	OW INJURY OCCUI	AWALLABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEOICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1. Ampattent 2 ER/Outpatte 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, etc. (Specify) SICIAN: To the best of my knowledge NER: On the basis of examination at	At home, farm, street, fa	26, PLACE OF DEATH (CER: ursing Home 5 Residence WORK? 1 YES 2 NO actory, office	PE 1 YI 1 YI Neck only one) 6 Other (Specify) 28d. DE\$CRIBE H 28f. LOCATION (S City or Town,)	OW INJURY OCCUI	AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1. Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, etc. (Specify) SICIAN: To the best of my knowledge. ER The COMPLETEO CAUSE OF DEATH.	ant 3 DOA 4 NO THE OF THUURY M At home, farm, street, fa 199, death occurred at the and/or investigation, in my H (ITEM 27) (Type, Print)	26. PLACE OF DEATH /C ER: ursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO actory, offica time, date and place, and du y opinion, death occured at the	PE 1 YI 1 YI 1 YI 1 YI 28d. DE\$CRIBE H 28f. LOCATION (\$ City or Town, 1 to the cause(a) and the time, data and place JMBER 9 7 1 1 1 1 1 1 1 1 1	OW INJURY OCCUI	AMALABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, sause(a) and manner as stated. IGNED (Month, Day, Year) 2 9 2



DHMH-16 Rev 1/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.

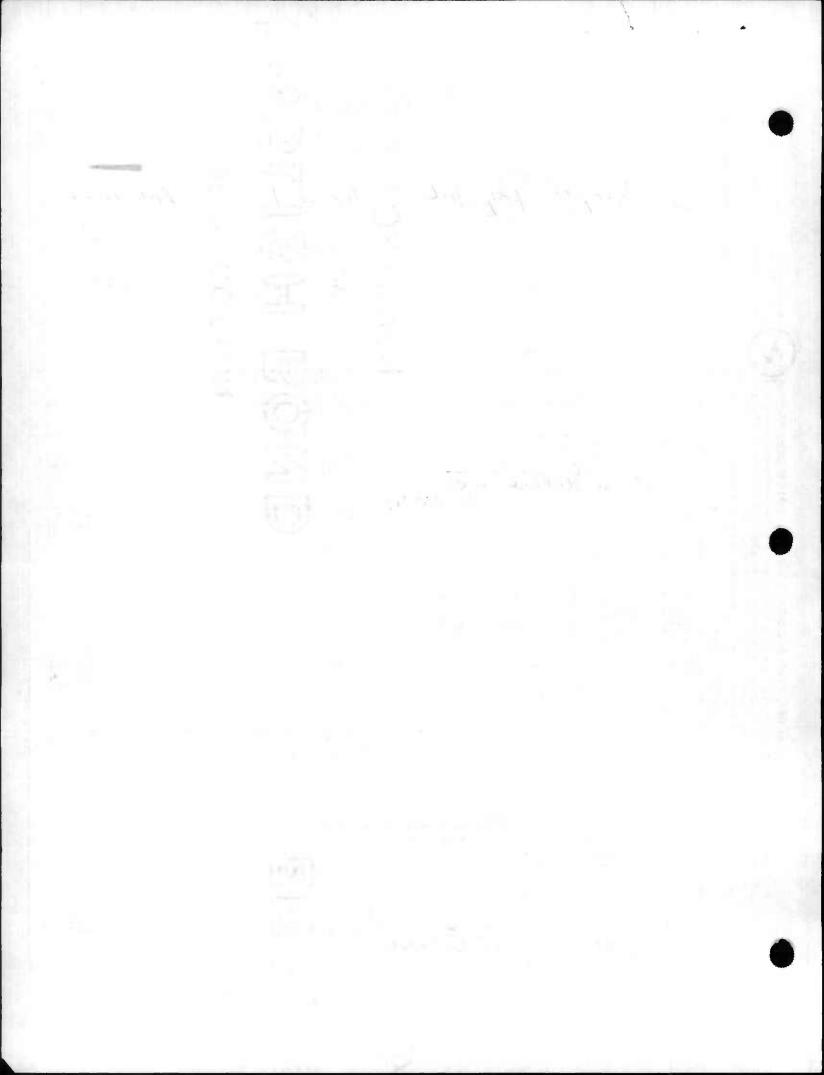
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIENE REG. NO.	- Inne	00001	
	1. DECEDENT'S NAME (First, Middle, Last	14900 1100	rie Knoer	lein		2. DATE OF DEATH MONTH DAY	-92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-32-3236	1 🗆 M 2 🗡 F	GE (In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHP Country)	LACE (State or Foreign	
TOR	Mercy Hospital RESIDENCE OF DECEDENT	Be. FACILITY NAME (If not institution, give street and number) Mercy Hospital Baltimore							
DIRECTOR		De. STATE 10b. COUNTY 10c. CIT					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 3220 Fait Ave	nue		1	01. ZIP CODE 21224	10g.	10g. CITIZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, a	CENDENT OF HISPA specify Cuban, Maxic S 2 NO Speci	NIC ORIGIN? (Specify Yea or No an, Puerto Rican, etc.) fy:		- American Indian, White	
COMPLETED	15, DECEOENT'S EO (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	18a. OECEDENT'S (Give kind of life. Do NOT un	work done during n se retired.)	ION nost of working	City of B			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Louis Balling				Cathe	ME (First, Middle, Maiden Surner rine Schlimm			
2	192. INFORMANT'S NAME (Type/Print) William J. Knoe		3220	Fait Av	e. Balto.	Route Number, City or Town, State Md. 21224			
	20e. METHOD OF DISPOSITION 1 Control of Cremation 3 Real Amount of Control o	moval from State	20b. PLACE AND DATE: Cometery, creme bryld of Dacked. He	ther plage)	Jenus Con	1-6-92 Dun	dalk, M	W	
	- Charles	& gent	Low	(har	les S.Zei	Ler & Son In	c. 901.	S. Kling St.	
CERTIFICATION	23. PART I. Entar the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reculting in deeth) Sequentielly list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlittleted evente	a. OUE TO (OR A	sed the death. Do no each line. S A CONSEQUENCE OF	and anter the m	tion	th as cardiac or reepiratory	r arrest,	Approximate intervel Between Onset and Deeth /~ 2 day lweek	
AL CERTI	resulting in death) LAST PART II. Other significant condition	d			ng ceuse given in	Part I. 24a. WAS AN AUTOP PERFORMED?		ERE AUTOPSY FINDINGS	
N: MEDIC	Drem'a	má				1 YES 2 X 90	C	OMPLETION OF CAUSE F DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER: 4 Nursing Hor	NACE OF DEATH (Ch				
B	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Vea		M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY			
COMPLETED	4 Homicide determined	building, atc. (S	респу)			281. LOCATION (Street end Nun City or Town, State)		te Number,	
	(Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITE-OF CERTIFIE	ER: On the basis of examina	tion and/or investigation	n, in my opinion,	death occured at the	time, deta and place, and due t	stated. to the cause(a) at	nd manner ea steted.	
TO BE	30. NAME AND ADDRESS OF PERSON W	no you	DEATH (ITEM 27) (Time	Print	29c. LICENSE NUI	57YO 29d.	DATE SIGNEO (M	onth, Day, Year)	
	3) C- SA (32. REGISTRATES SI	GNATURE	T &	Baltin	ione his			
	THAT O O	1.0. X	· · · · · ·	metal 1				1	

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	1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, La Mary	Fitzgera		Keczme		2. DATE OF MONTH Jan.	5 199	ZEAR 2	US S
	4. social security humber 212-32-0365	1 □ M 2 💢 F	86 YRS.	MONTHS DA	rs HOURS MIN.	Dec.	13 1905		yland and
TOR	St. Joseph's HESIDENCE OF DECEMENT	lospital		Tow	SON	DEATH .	so. coupyry of Death Paltimore		
DIRECTOR	10a. STATE 10b. COL			imoniu				1.00	d. INSIDE CITY
	106. STREET AND NUMBER 241 Fallsbrook Rd.			101. ZIP CODE 2 1 0 9 3			10g. CITIZEN		T COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 (2NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ YES 2 ▼ NO Specify:			pecify Yas or No— n, etc.)	as or No— 14. RACE — American Indias Black, White, etc. Specify: White	
	(Specify only highest grade completed) (Given Elementary/Secondary (0-12) Collega (1-4 or 5+)			DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working te. Do NOT use retired.) Feacher Baltin				Cour	ntv
BE COMPLET	17. FATHER'S NAME (First, Middle, Lust) John Fitzgerald				16. MOTHER'S NAME (First, Middle, Maiden Surname) Delia McCormick				
2	19a. INFORMANT'S NAME (Type/Print) John J. Kezmer	ski	19b. MAJLIN				Ln., Co		21045 a, Md.
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 4 Donation 5 Other (Specify) 21, SIGNATURE OF TUBERS SERVA	lemoval from State	20b. PLACE ANO DA of cemetary, cremato Moreland	Memor		FACILITY	Hillenda		
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	B A CONSEQUENCE B A CONSEQUENCE B A CONSEQUENCE	0F):					
MEDICAL	PART II. Other significant cond	in the under	fying cause given		a. WAS AN AUTOPSY PERFORMED?	AN CC OI	ERE AUTOPSY F MILABLE PRIOR OMPLETION OF F DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	utnetlert 3 🗆 DOA	OTHER:	6. PLACE OF DEATH		manife it		
ву рну	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigat	28a. DATE OF INJUR (Month, Day, Year	28e. DATE OF INJURY 28e. DATE OF INJURY (Month, Day, Year) 28b. TIMI				IBE HOW INJURY OCC	CURED	
	3 Suicide 8 Could no	Could not be determined 28e. PLACE OF INJURY — At home, farm, 4 building, stc. (Specify)			street, factory, office 28f. LOCATION (Street, City or Town, Sta			et and Number or Rural Route Number, ate)	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as a								
BE	29b. SIGNATURE AND TITLE OF CERT	WD	29c. LICENSE NUMBER			SER 29d. DATE SIGNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	JOSCA TOSCA	oh US	HOS.	Hal	701080n1	MD	213
	31. DATE FILED (Month, Day, Year) 5	32. REGISTRAR'S SI							01101



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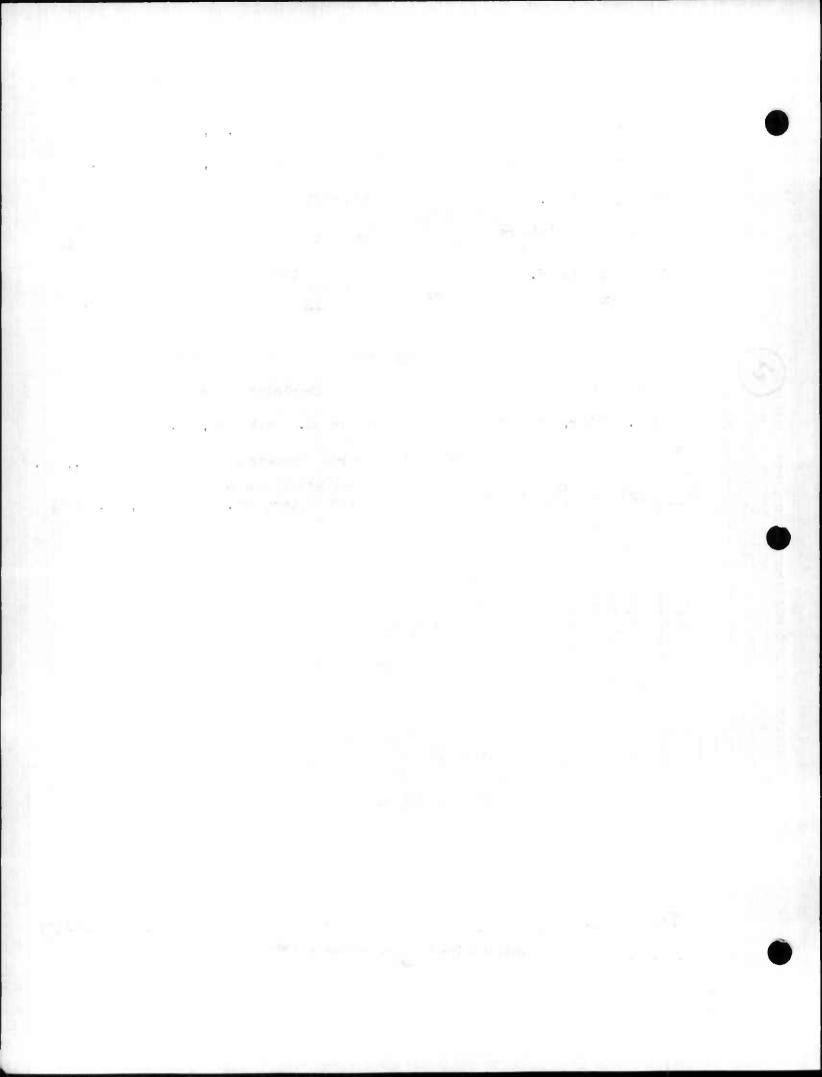
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BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.	<i>5 C</i>	0000		
	1. DECEDENT'S NAME (First, Middle, Last) Nargaret La	ura Kohler				2. DATE O	OF DEATH	JEAR 3. TIME OF DEATH			
	211 18 4168 10 m 20 F 81		yrs. last birthday) YRS.	MONTHS DAVE HOUSE		Millionen,	7. DATE OF BIRTH M(Mogth, 22 Year) 1910		BIRTHPLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give street 7908 Lansdale Rd RESIDENCE OF DECEMENT	· ·		96. CITY, TOWN Eastpo	on Location of	DEATH		9c. COUNTY	y of DEATH Baltimore		
DIRECTOR	Maryland 106. COUNTY Bal	10c. CITY	10c. CITY, TOWN OR LOCATION Eastpoint			Li		10d. INSIDE CITY LIMITS? 1 YES 22 CHO			
FUNERAL	7908 Lansdale R		10	01. ZIP CODE 2122 ¹	4		10g. CITIZEN	N OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married XX Married 3 Wildowed 4 Divorced	U.S. ARMED 2-140 ES	If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White,					Bleck, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/89condary (0-12)	USUAL OCCUPAT work done during me retired.)	done during most of working ired.)								
BE CON	17. FATHER'S NAME (First, Middle, Last) Calvin Freed				18. MOTHER'S N	tte F	st, Middle, Meiden Sumame) Pearl Henry				
TO B	James A. Kohler, H	19e. INFORMANT'S NAME (Type/Print) James A. Kohler, Husband 19b. Mailing ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7908 Lansdale Rd. Baltimore, Md. 21224									
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremetion 3 Removal from State 4 Donation Chier (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cardens 1/6/92 Baltimore Co., Nd. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA										
	23. PART I. Enter the diseases, or co	emplications that caused t		1407	Easter	n Ave.	Balt	timore	, Md. 21221		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, abook, or heart failure. List only one cause on each line. Approximate intervel Between Onset end Death disease or condition resulting in death) a. Approximate Intervel Between Onset end Death										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):										
SERTIFI	that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions ASCVI) CORD	n the underlyin				UTOPSY NED? NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: (57471) TO OTHER:										
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending		4 Nursing Hon OF 28c, IN. JRY WG	g Home 5 Randenca 6 Other (Specify)			ED				
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	- At home, farm, at	m, atreet, factory, offica 28			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	MEDICAL EXAMINER:	AN: To the bast of my knowled On the beals of axamination s	ige, death occurred and/or investigation	f at the time, date i, in my opinion, o	and place, end du	e to the cause e time, data a	e(a) and menne and placa, and	er as stated.	ause(a) and manner as stated.		
TO BE (29b. SIGNATURE AP TITLE OF CERTIFIER	n	29c. LICENSE NUM			IBER 29d. DATE S		SIGNED (Month, Day, Year)			
		glinavan			Philade	Phia	RJ.	Batto	mD 2/237		
	31. DATE FILED (Month, Day, Year) $1 - 6 - 92$	JAN 0 6 19	192 gu	na Davids	Philade on Handale				7		



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M. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IN THE CHIEF OF STREET After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	Thours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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92 00090 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Haze1 Gay Link 1-1-1992 10:15 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 236-30-6689 1 M 2 X F MONTHS DAYS HOURS YRS. 12-5-1909 West Virginia 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4202 Maine Ave. Baltimore Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City Baltimore 1 X YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4202 Maine Ave. 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexicon, Puerio Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced 1 YES 2 X NO Specify: BY White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6th Grade Waitress Restaurant 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumeme) J. H. Bumgardner BE Cora Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mr. William Link, Sr. 3318 Chapman Rd. Randallstown, MD 21133 20a. METHOD OF DISPOSITION
1 □ Burial 2 🏋 Cremation 3 □ Ramoval from State 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 5 Other (Specify) Carroll Cremation, Inc. 1-2-92 Hampstead, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiac or respiratory errest, Approximeta shock, or heert feilure. Liet only one ceuse on each line. Intervel Between IMMEDIATE CAUSE (Finel **Onset and Daath** DUE TO (OR AS A CONSEQUENCE OF):

PLEURAL EFFUSION disease or condition resulting in death) CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF)thet initiated evente resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse givan in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS ARTHAI AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 Ses 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Rasidenca 6 Mitter (Specify) GROUP HOME 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — Al home, term, street, tectory, office building, atc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER

un

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032. REGISTRAR'S SIGNATURE

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

wa

400 727 34

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the strending physician.

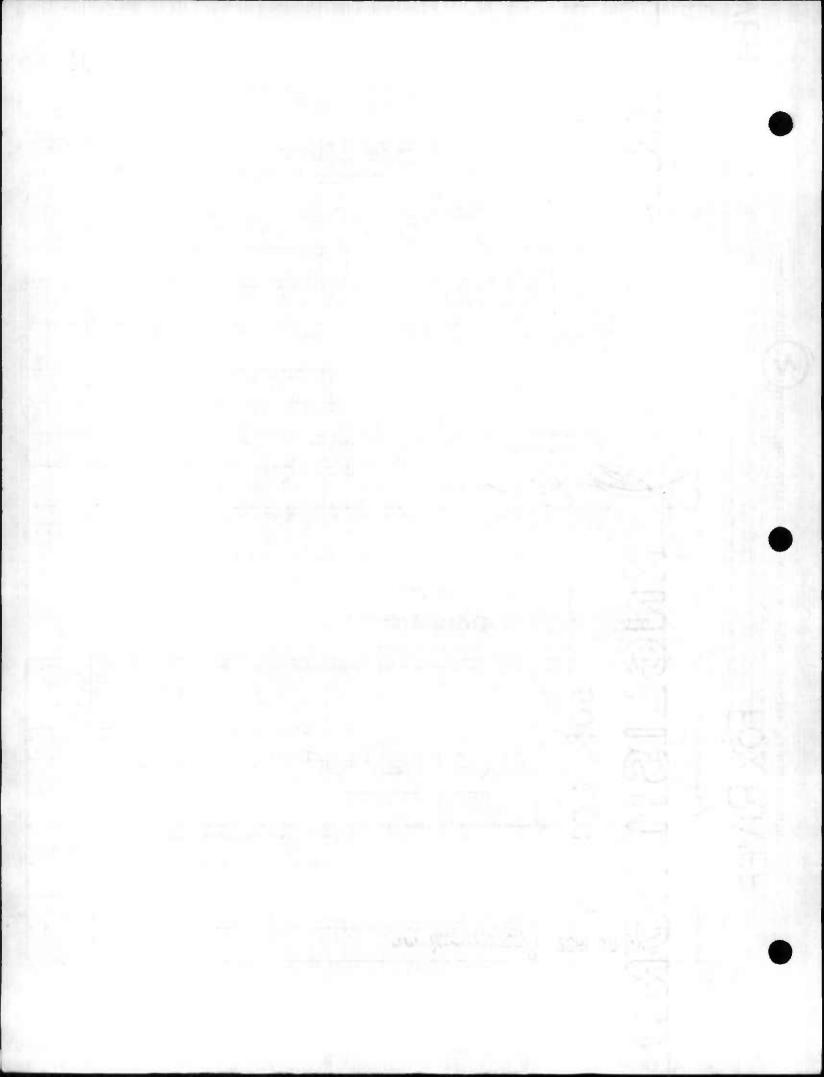
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: It lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYIM

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			IYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last Lenore	Frances	Lync			2. DATE OF D MONTH Jan.	DEATH DAY	YEAR	3. TIME OF DEATH 8:25 P.M.
4. SOCIAL SECURITY NUMBER 216-34-2487	1 □ M 2 🔀 F 5	(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		14 1938	Mar	ryland
9a. FACILITY NAME (If not institution, give 2422 Chetwood		202	96. CITY, TOWN C	OR LOCATION OF DE	EATH		Baltin	
	TATE 106. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER	·						TIZEN OF W	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced Separated	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES 2 NO IF YES GIVE WAS OR DATES.			CENDENT OF HISPAR Heelify Cuban, Maxica 2 NO Specify	pecify Yes or No-	y Yes or No. 14. RACE — American India		
15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) Collège (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	16b. KIN	ND OF BUSINESS/IN	DUSTRY	
6 Student / Teacher						ducation le, Maiden Surname)		
Leonard T. Fr. 19a. INFORMANT'S NAME (Type/Print)	Sally and Number or Rural	Endle		Zip Code)				
Kevin W. Lynch		1319		am Rd.,	Coles	ville, Mo		
23. PART I. Enter the diseases, o shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)	e. List only one cause on a	eech line.	varian	A Come		Of leapheacory a	Heat,	Approximate interval Betwee Onset end Dec
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Sowal	A CONSEQUENCE OF	ich vi	~				
PART II, Other significent condition	ons contributing to death	but not resulting	in the underlyin	g cause given in		A. WAS AN AUTOPS! PERFORMED? YES 2 NO	f 24b	MERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		·	LACE OF OEATH (C)	heck only one)			
1 TYES 2 NO	1 Inpatient 2 ER/Ou		1	ne 5 Residence	-			
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28e. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DE\$CRIBE HOW INJURY OCCURED 28d. DE\$CRIBE HOW INJURY OCCURED								
3 Suicide 6 Could not 8		IY — At home, farm, ecify)	street, factory, offic	ē•	28f. LOCATIO	ON (Street and Numb lown, State)	er or Rural f	Route Number,
anal and	YSICIAN: To the best of my kno							a) and manner as stated
296, SIGNATURE AND TITLE OF CENTRI	IER Du	m		29c, LICENSE NU	MBER 242	29d. D/	ATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF O	DEATH (ITEM 12) (Type		rot you	KR	1 Tu	non	hundr
JAN 06 199	32/ABGISTAM'S SIG	inature		i				



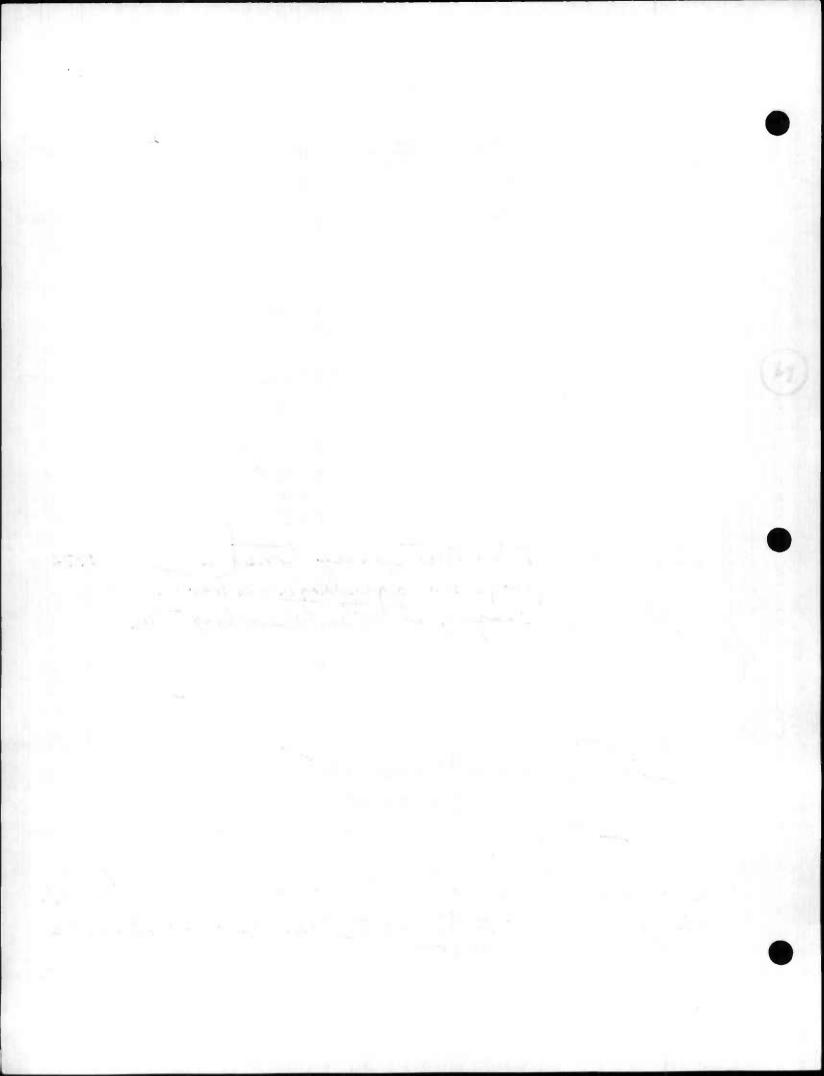
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by including physician and completely filled in by the funeral director, page 5 though the control of the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC				MEN	TAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH		3. TIME OF DEATH	
Edward He	rbert	Mund	y	January 5, 1992				AR		
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.	F UNDER 24 HRS. 7. DATE OF BIRTH			8. BIRTHPLACE (State or Foreign	
212 30 6383	1 € M 2 □ F	58 YRS.	PONTHS E	DAYS	HOURS MIN.		10/1933	0	aryland	
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TI	OWN O	R LOCATION OF DE		10/1933	9c. COUNTY	-	
12626 Eastern Ave	enue		Cha	se				Balt	imore	
10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR	LOCAT	ION				10d. INSIDE CITY	
Maryland Baltimore Chase								1 YES 2 X NO		
107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?										
LZUZU <u>LASTETH AVE</u> 1. MARITAL STATUS	12. WAS DECEDENT EVER II								S.A.	
Never Merried 2 Married	FORCES? 1X YES	2 NO	If y	es, spe	cify Cubsn, Maxicsi	IIC ORI	GIN? (Spectfy Yes o to Rican, etc.)		RACE — American Indian, Black, White, atc.	
Widowed 4 Divorced	1956-58	ATES	1 [YES	2 NO Specify	c			Specify:	
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	SUAL OCCI	IBATIO	M				White	
(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of wo	rk done duri retired.)	ing mos	t of working		166. KIND OF BUSIN	iess/inousti	₹Y	
12	College (1-4 or 5+)	Truck D					Constru	ation		
7. FATHER'S NAME (First, Middle, Lest)		II dek D	TIVEL							
Ernest Mun	dv						st, Middle, Meiden Su	,		
	шу				Cather			se		
e. INFORMANT'S NAME (Type/Print)	(.1)						umber, City or Town,)	
atherine Mundy	(mother)	12626	Easte	ern	Ave Bal	tim	ore Mary	land .	21220	
Da. METHOD OF DISPOSITION The Burlet 2 Cremation 3 Ram Donation 5 Other (Specify)	ED ED	PLACEAND DATE OF elery, crematory or othe enezer Me	chod:	ist	Ch. Cem	1.1			County, Maryl	
SIGNATURE OF FUNERAL SERVICE LE	DENSEE O				AODRESS OF FAC		1 17	D 1		
Hans 13	mon w	<					eral Hom		yland 21221	
MMEDIATE CAUSE (Final diseases or condition resulting in death) Sequentially list conditions,	a. Meta tu DUE TO (OR AS A	consequence	en c	l	or dying, such	nse -a	then	tory arrest,	Approximate Interval Between Onset and Death	
any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated avants esulting in death) LAST	c. Ouse to the Ag A	CONSEQUENCE OF):		hu	lonse	con	dorg	(a		
ART II. Other significant condition	s contributing to death be	at not resulting in	the under	rlying	cause given in l	Part I.	24A. WAS AN AU PERFORME 1 YES 2	107	J46. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
WAS CASE REFERRED TO MEDICAL	Manager Common C			28. PLA	CE OF DEATH /Che	ck only	posi			
1 YES 2 DATO	HOSPITAL: 1 Inputient 2 EN/Output	stient a l'1 pos	THER:							
MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME C	-	c. INJU	5 of Residence (_		WW COO		
1 Maturel 5 Pending	(Month, Day, War)	INJUR	lY .	WOR	K7	and D	ESCRIBE HOW INJU	ANT OCCURED	6.	
2 Accident Investigation 1 YES 2 NO										
3 Suitcide 8 Could not be determined 28s. PLACE OF SNAURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Furst Route Number Office City or Them. State)										
a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowle	edge, death occurred and/or investigation,	at the time, in my opini	on, dea	nd place, and due to the total street at the t	lme, da	ite and place, end d	ue to the cau	se(s) and menner as stated.	
NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DO	TH (ITEM 23 TEX 2	simit.	Ц,	7100	7	-		16/92	
COUTS TEME	NOFAI	00 21	08		TRENS	K	BAL	-4	22220	
JAN 06 1992	32. REGISTRAR'S SIGNA	TURE								



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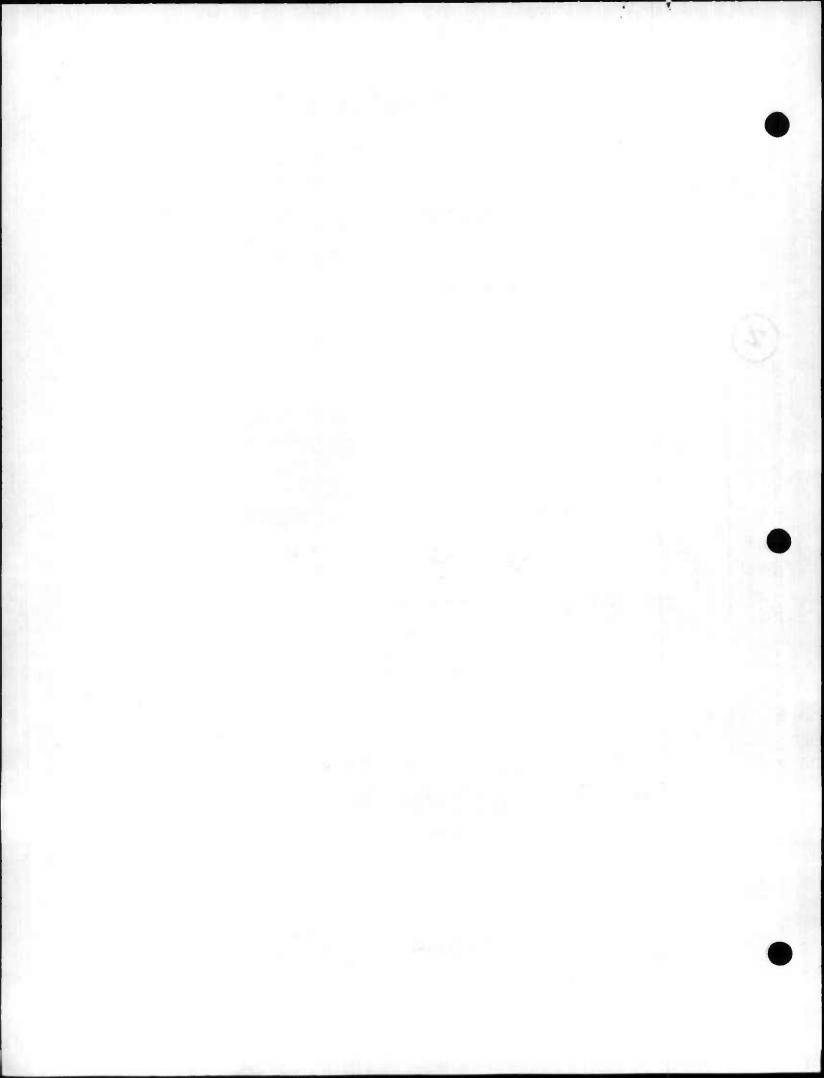
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ing law requires that the beaut cellulate be executed within 24 hours after beaut. Page 6 may be retained by the hospital or attending physician,	TA DEFICIE Are mis continuate has been signed by the attending physician and completely filled in by the funeral director page 5 should be defached for use as the hurial-transit new	72 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR tamo 19099 anuary 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIATH (Month, Day, Year) 8-25-IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 D F NA 64 HOURS YRS. 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR lose It Joseph RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? suille 1 TYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 40 1030 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO - American Indian, White, aic. 14. RACE -1 Never Married 2 Married If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: IF YES. GIVE WAR OR DATES ВУ 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) (Specify only highest gr 18b. KINO OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 8 19a. INFORMANT'S NAME (Type/Print 19b. MAILING AGORESS (Street 2 State, Zio Codel 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nen 1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) OATE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wasi W 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause of ech line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 | YES 2 | 1 🗌 YES 2 🗌 NO 25. WAS CASE REFERDED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — Af home, farm, street, factory, office building, etc. (Specify) 3 Suicide BE COMPLETED 6 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PRISICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: OU 29d. DATE SIGNED (Month, Day,

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burdal-transit permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND C	DEPART	MENT	OF HE	ALTH AND DEATH	MENT	AL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Lest) Catherine Ac	mes	MINTON					2. DAT	e of OEATH		9 YEAR	3. TIME OF DEA	АТН Р м
	4. SOCIAL SECURITY NUMBER 220–18–6571	5. SEX	6. AGE (In yrs. In		IF UNDER 1		F UNDER 24 HRS.	7. DATE	e of BIRTH oth, Day, Year) ember 2		6. BIRTHE	LACE (State or	
тов	90. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital Baltimore 9c. COUNTY OF DEATH Baltimore												
DIRECTOR												10d. INSIDE CIT LIMITS? 1 YES 2	Y NO
FUNERAL	100. STREET AND NUMBER 2 A Beech Drive 101. ZIP CODE 21220 USA									HAT COUNTRY?			
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES WIND IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Mexicen, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: White							
COMPLETED	15, DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12 years	JCATION e completed) College (1-4 or 5 d) (C	ECEDENT'S U Bive kind of wo Do NOT use Bus D	retired.)	iring most d	f working	16h KIND OF BUSINESS/INDUSTRY					
BE CO													
TO E	Mae Hardwick 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8507 Harford Road Baltimore, MD 21234												
20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify)													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Balto., MD 8521 Loch Raven Blvd. 21204												
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one ceu	i coused the deseron each line	Ð.	t enter th	he mode	of dying, suc	ch se cer	diec or ree	piratory en	est,	Approxin Intervel E Onset sn	nete Between
NO	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с	OR AS A CONSE										
	resulting in death) LAST	d										<u> </u>	
IN: MEDICAL	PART II. Other significant condition UN OBNNUTM	ns contributing to	ASW)	the unde		ause given in	Part I.	nene:	N AUTOPSY DRMED? 2 NO		WERE AUTOPSY F WAILABLE PRIOR COMPLETION OF DE DEATH?	CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACI	E OF DEATH (Ch	eck only o	ne)				
HYS	1 YES 2 AO	1 □ Inpatient 2 □		DOA 4		g Home ! 8c. INJURY	Residence			INJURY OCC	NIBED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ly, Year)	INJUI	YF.	WORK		200. DE	SCHIBE NON	INJUNY OCC	OHED		
	3 Suicide 6 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, tactory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)												
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS	ICIAN: To the beat of ex										end menner ee s	stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE			10			c. LICENSE NUI					Month, Day, Year)	
70	30. NAME AND ADDRESS OF PERSON WH Dr. Donato A.	Vargas,	Jr. 4	M 27) (Type, P		ord	Road	Ba 1	to	MD	212	214	
	31. DATE FILED (Month, Day, Year) JAN 0 6 1992	Julia David	S SIGNATURE	82					30.7	****	412	2 T -I	



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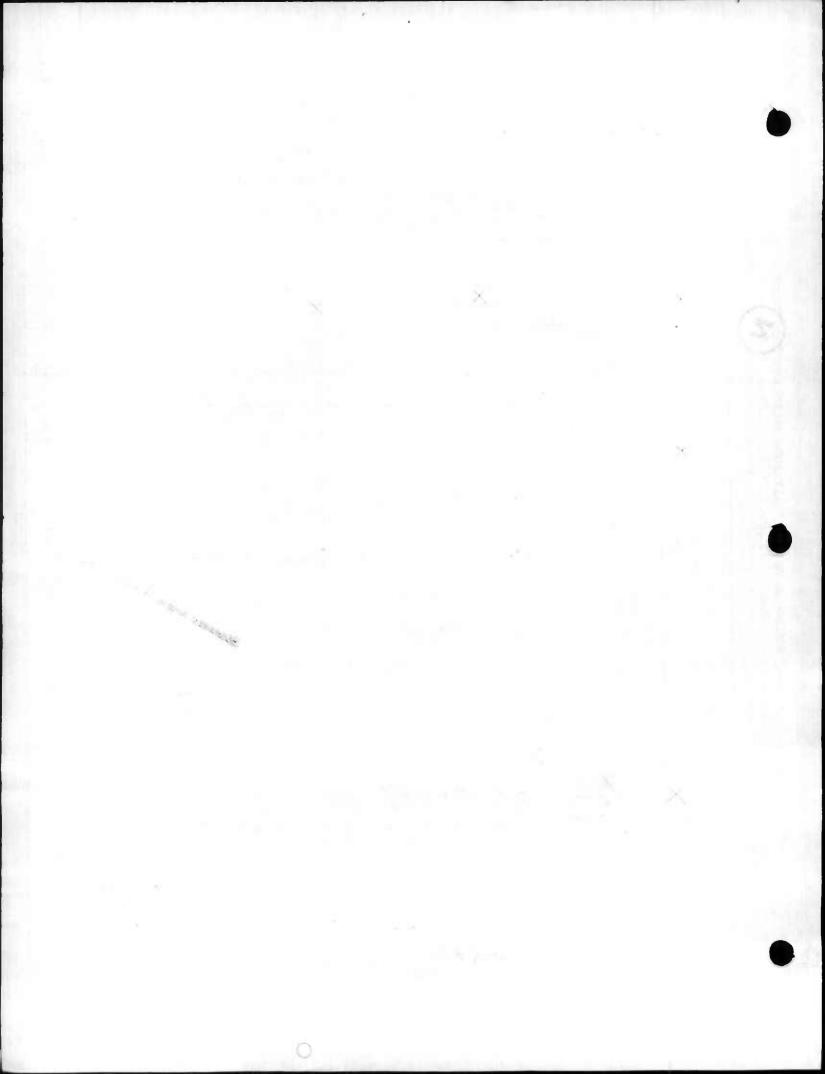
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ter death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

	1 - STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR	RTMENT	OF H	IEALTH DE AT	AND N	MENTAL HYGIEN) _	00095
	1. DECEDENT'S NAME (First, Middle, Last) Roland		Medicu		IOATE	. 01	DEA		2. DATE OF DEATH MONTH 3	AY	YEAR	3. TIME OF DEATN 5:30 P.
	4. SOCIAL SECURITY NUMBER 214-24-6173	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/21/2	199	8. BIRTI Count	IPLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give University Of		nd Hos	pita			on Location				NTY OF D	ryland EATN
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland				у, тоwn о Ва 1		nore					10d. INSIDE CITY LIMITS? TYPES 2 NO
FUNERAL	100. STREET AND NUMBER 1415 Hollins Street				101. ZIP CODE 109. CITIZEN OF WHAT CO U.S.A.						VHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE 1 1945-1	RMED NO	1 11	Yes, sp.	ENDENT O	. Mexicen	C ORIGIN? (Specify Yes or No — 14. RACE — Black, W			E — American Indian, c, Whita, etc.	
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	+) 16a. 0	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							White	
COMPL	12 years 17. FATHER'S NAME (First, Middle, Last)	001	Dist	rib	18. MOTH	ER'S NAM	AE (First, Middle, Maiden	Sumame)	th M	later Dept		
TO BE	Frank L. Me 19a. INFORMANT'S NAME (Type/Print) Raymond Medic	Mary V. Morgan 19b. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)										
	20a_METNOD OF DISPOSITION 1											
	21. SIGNATURE OF FUNERAL SERVICE LI	Cha Cha	-1		22. N J	ohn	SON	s of fac Fun		e 7	lows	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, allowed line. List only one cause on each line. Approximate interval Between Onset and Death list of the condition resulting in death) But To (or As a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (or As a consequence of): DUE TO (or As a consequence of):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in						cause g	iven in P	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERED TO HETICAL EXAMINER? 1 YES 2 1	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER 4 Nursi				Ck only one) Other (Specify)			
В	27. MANNER OF CEATN 1 Netural 5 Paddidg Accident Investigation 3 Suicide 6 Sould not be	OF CEATN rai 5 Dending (Month, Dey, Year) 28e. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 1 YES 2 Solution (Month, Dey, Year) 28e. DALE OF INJURY AT HOME, Iarm, atreat, lactory, office							T 28d. DESCRIBE HOW INJURY OCCURED			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of ER: On the best of a	my knowledge, d	eath occurre	nd at the lin	ne, data i	and place,	and due to	o the cause(s) and man	ner sa state	STRE	
TO BE C	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as state 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
=	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SÉ OF DEATH (ITE			. 6	reene	54.	Ralto, m	1. 11	20/	/
	JAN 0 6 1992 Ju	32 REGISTRA	R'S SIGNATURE			(5)			Balton			

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poral or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

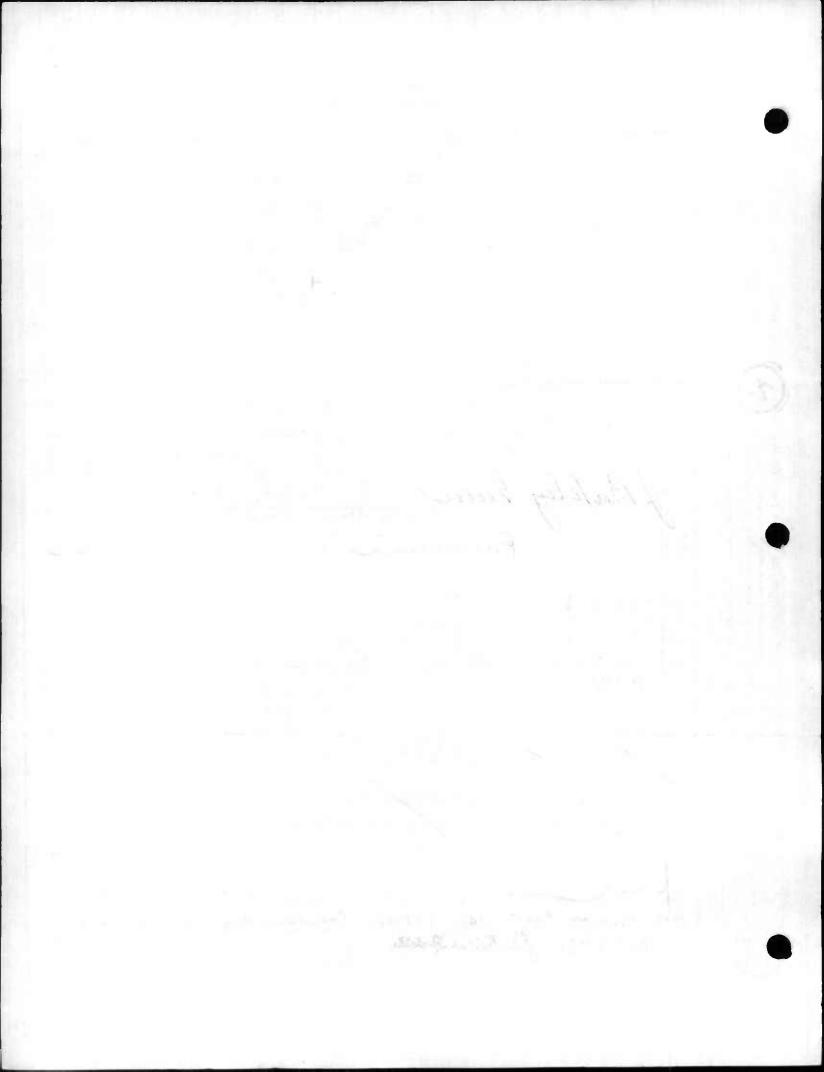
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after mental. Pres 6 may be required to the the thin the sentificate has been signed by the attending physician and completely filled in by the investigation and completely filled in by the investigation and the sentificate has been signed by the attending physician and completely filled in by the investigation and the sentificate that the sentificate the sentification and the sentification

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1. DECEDENT'S NAME (First, Middle, Last)		1 /						2. DATE OF DEAT MONTH	DAY	YEAR	3. TIME OF DEATH
	MAURICE M 4. SOCIAL SECURITY NUMBER	un Chel	8. AGE (In yrs. lest b	virthelau)	IF UNDER	1 VEAD	IF UNDER	24 1/100	7. DATE OF BIRTH	2-9	The state of the s	12:15pm
	577-64-5923	1 XXM 2 □ F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	AUG. 2		LONT	ON, ENGLAND
~	9a. FACILITY NAME (If not institution, give at				9b. CITY	, TOWN C	DR LOCATIO	ON OF DE			DUNTY OF C	
D.	HOWARD COUNTY HOSPITAL COLUMBIA HOWARD											
DIRECTOR	10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10C MARYLAND MONTGOMERY POCKYTT I E							10d. INSIDE CITY LIMITS?				
	10 STREET AND MIMBED									1 - YES 2 X NO		
ERA	16531 GRANDE VISTA DRIVE 20855 GREAT BY							WHAT COUNTRY?				
100. STREET AND NUMBER 16531 GRANDE VISTA DRIVE 101. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No. 11 yea, specify Cuban, Mexican, Puerto Rican, etc.)						Yea or No-	14. RACI	E — American Indian, k, White, etc.				
B≺	3 Widowed 4XXDivorced	IF YES, GIVE W					2XXNO				Spec	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working							NDUSTRY	WILLE				
Elementary/Secondary (0-12) College (1-4 or 5+)												
12 O HAIR STYLIST BEAUTY SALONS 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maidle, Surname)												
ш	MARGARET THOMPSON											
2	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Section Control of								wn State				
4 Donation 5 Other (Specify) METROPOLITAN CREMATORY 1/3/92 ALEXANDRIA, VA												
21. SIGNATURE OF FUNERAL SERVICE US SEE 22. NAME AND ADORESS OF FACILITY GREEN FUNERAL HOME, P.O. BOX 385, HERNDON, VA 22078.												
_	Junese	7 AM	en				HER.	MDQ4	, WA 220	78° ¤	OA 38	٥,
23. In I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapirator shock, or heart fallure that only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)								apiratory (arrest,	Approximata Interval Between Onaat and Daath		
		DUE TO (OR AS A CONSEQUE	ENCE OI	F):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (6	OR AS A CONSEQUE	ENCE OF	F):							
CA	CAUSE (Disesse or injury											
F	that initiated eventa resulting in death) LAST	000 10 (t	OR AS A CONSEQUE	ENCE OF	-):							
	PART II. Other significant conditions	contributing to a	laath but not rea	uiting i	in the un	deriving		luan In E				
PHYSICIAN: MEDICAL	AIDS			- King i	in the din	derrying	cause 9	WOII III P	PER	AN AUTOPS FORMEO?	7 246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEC										2 NO		OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆	DOA	OTHER	:	ACE OF DE					
품	27. MANNER OF DEATH	26a. DATE OF It (Month, Day	JURY 3	8b. TIME	-	SBc. INJU	IRY AT		Other (Specify) 26d. DESCRIBE NO	W INJURY O	CCURED	
B√	1 Natural 5 Pending 2 Accident investigation				1	1 🗆 Y	ES a 🗌	NO				
E I	3 Suicide 8 Could not be 4 Homicide determined	building, et	INJURY — At home, ic. (Specify)	lerne, s	treet, facto	ery, office			28f. LOCATION (Str. City or Town, St	et and Numb	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICI	IAN: To the best of m	y knowledge, death	occurre	od at the tir	ne, date	and place,	end due to	o the cause(a) and	nanner es at	ated.	
BE C	29b. SI MATURE AND TITUE OF CERTIFIER						29c. LICE					(Month, Day, Year)
0 8	m						0	37	613	•	1/2	92
	30. NA E AND ADDRESS OF PERSON WHO BY	COMPLETEO CAUSE	OF OEATN (ITEM 2	7) (Type,	Print)	PA	חאי	n .	OV.	Chi	1 -1	10 100
	BYCONGER AS #205 11055 LITTLE PATYENT PKY COLLINGIA, MS 31. DATE FILED (Month, Day, Voar) JAN 0 6 1992 Fuhia Davidson-Handelle 21044											





1 -	STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGICHE

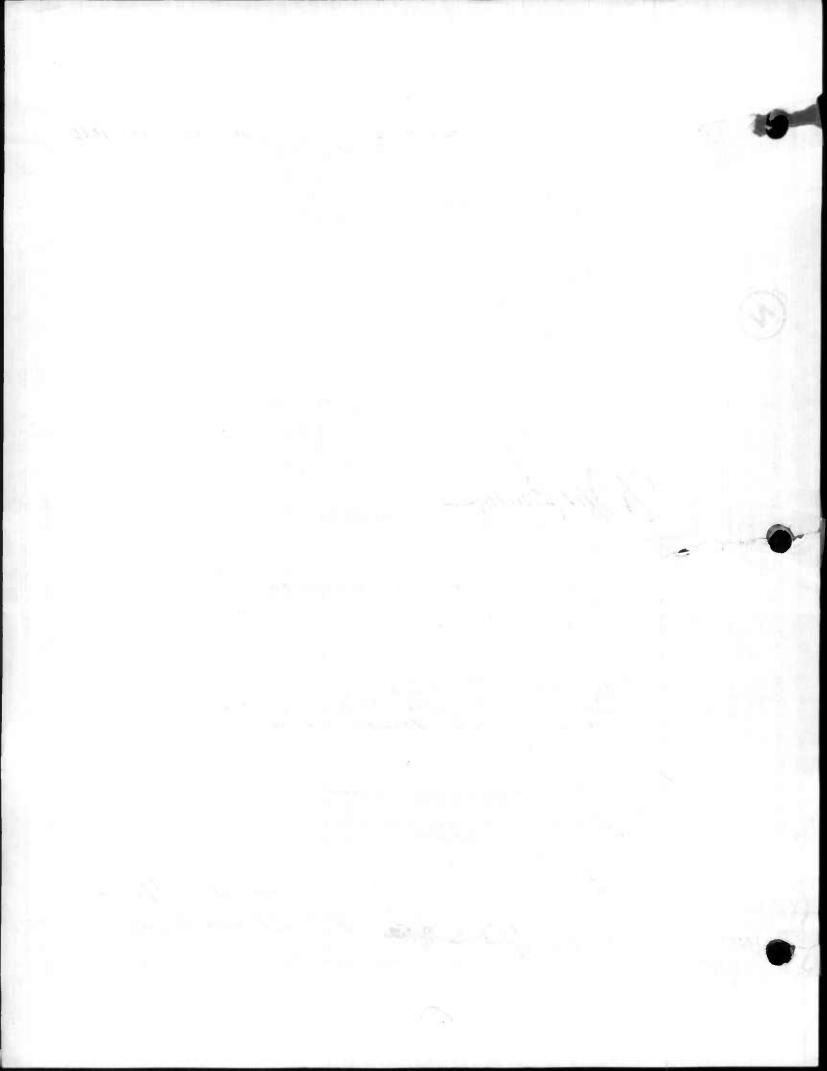
	REGISTRAR		CE	RTIF	ICATE O	F DEAT	H	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Lest)		,					2. DATE OF DEATH			3. TIME OF DEATH
	Janet Marie Wats	on Mitch	ell					MONTH O	DAY	YEAR 92	
34	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	birthday)	IF UNDER I YEAR	IF UNDER	24 HRR	7. DATE OF BIRTH		7	IPLACE (State or Foreign
- 0	212-40-9323	1 🗆 M 2 💢 F	47	YRS.	MONTHS DAYS	-	MIN.	(Month, Day, Year)		Countr	y)
	9a. FACILITY NAME (If not institution, give str	7.	7/		A1 A1 THE A			Jan. 12,		1 1110	
œ					9b. CITY, TOWI		ON OF DEA	тн	9c. C0	DUNTY OF D	EATH
2	PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO										
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CITY TOWN OR LOCATION										
E	Mi	Tod. INSIDE CITY LIMITS?									
	Md Wicor 10e. STREET AND NUMBER	Wicomico Willards 1 ☐ YES 2 🕱 NO									
RA		101. 21F CODE 10g. CITIZEN OF WHAT COUNTRY?									
밀	Purnell Crossing Road 21874 USA										
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 14. RACE — American Indian, Black, White, etc.									- American Indian,	
BY	3 XWidowed 4 Divorced	IF YES, GIVE WAR			1 🗆 YI	S 2 NO	Specify:	round mean, stc.)			" White
	Walting Co.				1					1	
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ا ت	Elementary/Secondary (0-12)	College (1-4 or 5+)			,						
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAME	E (First, Middle, Meide	n Sumame))	
BE	Levin Raymond Watson Martha Littleton										
2	10. INCORNANT O NAME (Transfers										
-	Sandra Mitchell Simpson Rt. 1, Box 7 Willards, Md. 21874										
	20s. METHOD OF DISPOSITION										
	1 Description Date										
	21. SIGNATURE OF FUNERAL PERVICE LICE		Tavel 9	CCII	22. NAME	AND ADDRES	S OF FACIL	Berlin	1111,	J 21	011
	» (N. / Y	12 ,			D	boas	Euro	Der III	1, 1	3. ZI	011
_	18: X16/2	Justay	_	_							liams St.
	23. PART Enfor the diseases, or co shock, or heart fellure. L	iet only one care	eused the dea	th. Do n	ot enter the n	node of dyli	ng, auch	es cerdiec or res	piratory a	rrest,	Approximete
	IMMEDIATE CAUSE (Fine)	, s	on deen mie.	2							Intervel Between Onset and Death
	disease or condition resulting in death) a. Seplicame a										
	DUE TO (OR AS A SONSEQUENCE OF): Sequentielly list conditiona, if any, leading to immediate out To the As A consequence of):										
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO US	AS A CONSEOL	JENCE OF	7):	7		1			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	- //									
三	thet initieted events	DUE TO (O	R AS A CONSECU	JENCE OF	·):						
E	recuiting in death) LAST										
	PART II OH . I III										
BY PHYSICIAN: MEDICAL	PART II. Other eignificent conditions					ng ceuee g	iven in Pa		N AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS
8	Cryptoco	ceal M	eningi	11.5	8			_ 1 □ YES		İ	COMPLETION OF CAUSE OF DEATH?
2	Maronie	Rend	1/Fo	her	20 %	Dia	hot	Will			1 YES 2 NO
91	Perso	Pori of	and .	1/-	1.	A.	-11	1777			1 163 2 100
A	25. WAS CASE REFERRED TO MEDICAL	, wife	otes /	TOUR.	26.	PLACE OF DE	ATH (Check	k only one)			
S	EXAMINER?	HOSPITAL:	B/Outpatient 3.	1004	OTHER:						
±	27. MANNED-OF DEATH	28s. DATE OF IN		28b TIME		JURY AT		Other (Specify)	The state of	0011050	
0	1 Natural 5 Pending	(Month, Class	Moory	INJ	LINEY. V	ORK?		tou. DESCRIBE NOW	INJURY O	CCOMED	
	2 Accident Investigation 3 Suicide 6 Could out by	28a PLACE OF I	NJURY — At hom	a form o							
	4 Difference 6 Could not be	building, etc	: (Specify)	w, Iwiti, a	нгент, тассоту, отг	ica	2	281. LOCATION (Stree City or Town, Stat	t and Numb e)	er or Rural R	loute Number,
COMPLETED	an organica										
4	(Check only 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, deal	th occurre	d at the time, da	le and pleca,	and due to	the cause(a) and m	anner aa si	lated.	
8	one) 2 MEDICAL EXAMINER	On the basis of exam	nination and/or im	vestigatio	n, in my opinion,	death occure	d at the tin	ne, data and place,	and due to	the cause(a)	end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	-1		///	/		NSE NUMBI				
BE	Rom	93 ,1	2 /	6		n	HUMBI	771 67	.	11.1	(Manth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLEE	OF DEATH STEM	27) (3-	Print)		-20	1030	1/	11/	72
	KFILITI	7 .0	PL1	is a	, (IIII)	47	Λ.	0 .	-	2	NII
	31. DATE FILED (Month), Day, Mari)	1 32 effectives	(17/	TI	0	11-	01	Civerse	6	Wr.	Sulida 40
	JAN 0 6 1992	"Gillia Di	A STATUBER	A PARTY	,						1215
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ransit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital of THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the life within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematica, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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Page 6 may be retained by the I	I director, page 5 should be deta	ler must be notified at one
ted within 24 nours after death.	completely filled in by the funeral	event, the medical examin
at the death certificate be execu-	by the attending physician and and Mental Hyoiene prior to bun	y injury, or other traumatic
PHYSICIAN: The law requires th	this certificate has been signed with the State Dept. of Health	rked, or item 23 shows an
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hours after the control of the hours after the control of the hours.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the state of the state Deat, of Health and Mental Hyndre prior to burial, cremation, or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

I.

BALTIMORE, MARYLAND 1213 0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Edward Paul Mumbauer 92 6:47 Ρ. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER T YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 195-28-6987 1X M 2 - F 54 YRS. Oct. 19 1937 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Peninsula General Salisbury Wicomico 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pennsylvania Lehigh **Bethlehem** 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 629 Martins Lane 18018 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 YES 2 NO Specify: 3 XWidowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION ecity only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Retired Foreman Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward G. Mumbauer BE Mary Tegyi 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Downing Funeral Home 1002 W. Broad St., Bethlehem, Pa., 18108 20a, METHOD OF DISPOSITION
1 (XBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 26c. LOCATION - City or Town, State Holy Savior Cemetery 4 Danetion 5 Other (Specify) Bethlehem, Pa ryan W. Clary 22. NAME AND ADDRESS OF FACILITY
Lemmon-Mitchell-Wiedefeld Bryan 10 W. Padonia Rd., Timonium, Md. 21093 the diseases, or complications that caused the der ed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate shock, or heart fallure. List only one cause Interval Between **IMMEDIATE CAUSE (Finsi Onset and Death** disease or condition TERIOSCUEROTIC CARPIOUASCULAR DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEDUENCE DE): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO t YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 Inpatient 2X ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examiner ition and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 294. SANATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 1-3-92 O,C.M.E. 30. NAME AND ADDRESS OF PERSON WITO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOLLE JR., M.D 111 Penn Street, Baltimore, Maryland 21201 32. HEGISTRAR'S SIGNATURE
Julia Davidson-Pands De.

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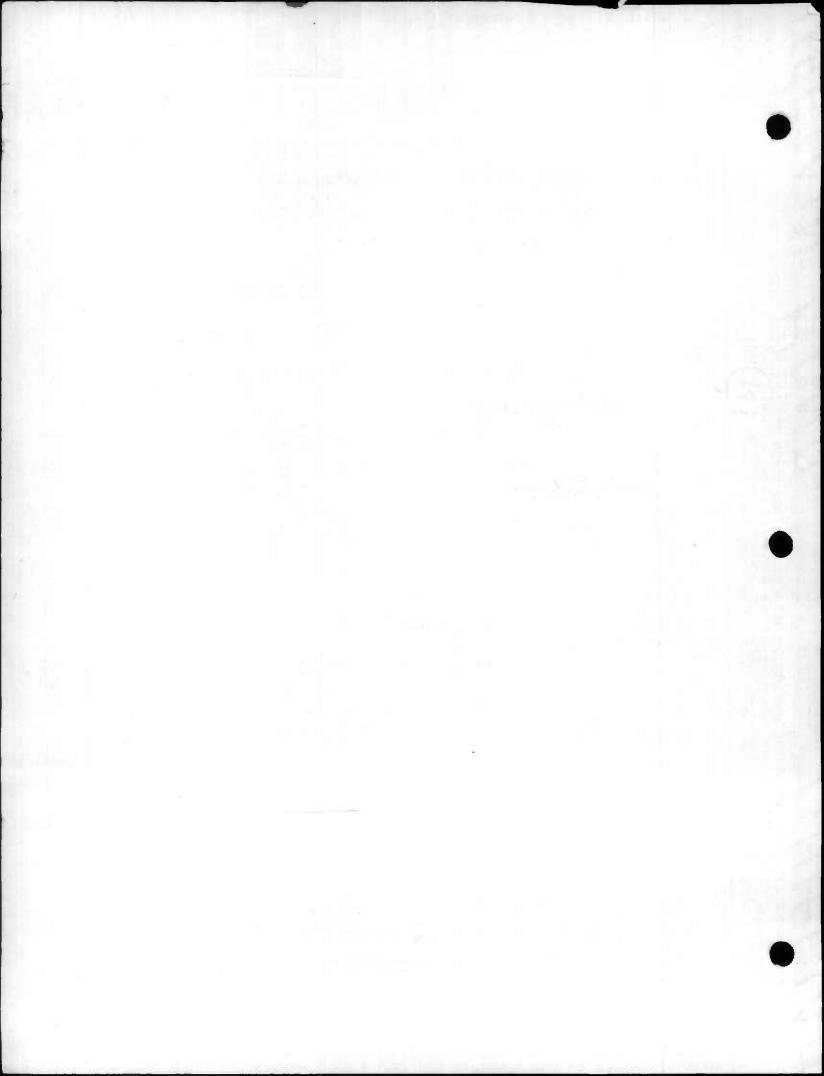
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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified and	۱
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGI	-	00099
1. DECEDENT'S NAME (First, Middle, Last Edward Ken		Merriken,	Jr.	Jan.	DAY 200	3. TIME OF DEATH 2 3:38 P.M.M
4. SOCIAL SECURITY NUMBER 219-60-9475	X□ M 2 □ F 39	YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Aug. 2	5 1952 1	anthmeace (State or Foreign ountry) Maryland
St. Joseph's Ho		96	Towson	DEATH	9c. COUNTY O	
10a. STATE 10b. COUN Maryland Ba	ltimore		own or Location			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10%. STREET AND NUMBER 2422 Perring Wo	ods Rd.		10f. ZIP CODE 21234		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Max 1 TYES 2 X NO Spe	Ican, Puarto Rican, atc.	.)	RACE — American Indian, Black, Whita, etc. Specify: White
15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) Collega (1-4 or 6+)	life. Do NOT use re	done during most of working		nical/Elec	ctrical Contrac
17. FATHER'S NAME (First, Middle, Last) Edward Keneth	Merriken, Sr		18. MOTHER'S Mary	NAME (First, Middle, Me Dolores .	Jackson	tor
Patricia Ann Me		2422 F	Perring Woods	Rd., Ba	Itimore,	Md. 21234
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNAPORA OF FUNERAL SERVICE.	moval from State	other place)	Memorial Park 22. NAME AND ADDRESS OF	Н	LICCATION — City	or Town, State Maryland
Marky OF	awson		Lemmon-Mitc	hell-Wiede		. Md. 21093
23. PART I. Enter the disease, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in daath)	a. List only one gause on		enter the mode of dying, a	uch as cardiec or r	espiratory arrest,	Approximata interval Batween Onset end Death
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS	A CONSEQUENCE OF):			2-3X-32-	
PART II. Other significant condition	d.	but not resulting in t	he underlying cause gluon	in Bart I Oda Will	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
		Sat not resulting in t	ne unuariying couse given	PEF	RFORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINED?	HOSPITAL:		26. PLACE OF OEATH (THER: Nursing Home 5 Residence)	
27. MANNER OF BEATH 1 Attural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE H	OW INJURY OCCURE	ED
3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, ferm, stre- scily)	et, factory, offica	281. LOCATION (St City or Town, S	treet and Number or R State)	lural Route Number,
	NER; On the beals of examinati		n my opinion, death occured at t	the time, date and plac	e, and due to the ca	
le horas	HO COMPLETED CAUSE OF C	EATH (ITEM 27) (Type Pri	29c LICENSE N	7383	▶ /s/S	3NED (1467th, Day, Year)
31. DATE FILED (MODIFIC DOWN 1992	O'ONY 3d: REDISTRAD'S SIG	e//11/)-	408 Har	bes How	Be-()	OSKeys
VIII.	U		- Total			



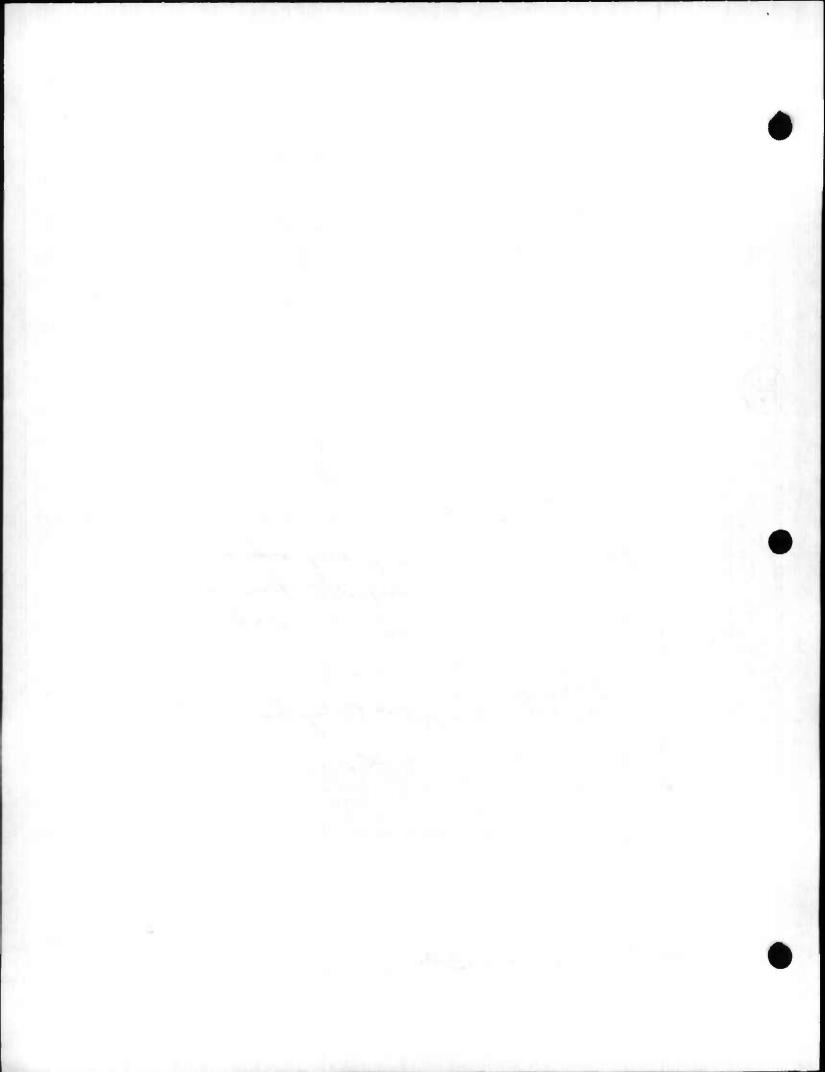
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BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	B	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MAR	GARET I		MERGEH	ENN	2. DATE OF I	DEATH	199	2 YEAR	3. TIME OF DEATH 9:50 P. M
	213-74-2636	□ M 2XXF 90	In yrs. last birthday) YRS.	IF UNDER 1 YE		7. DATE OF E (Month, De FEB.	DAGGET A		8. BIRTH	IPLACE (State or Foreign
DIRECTOR	9e. FACILITY NAME (If not institution, give street SYKESVILLE ELDER C RESIDENCE OF DECEDENT				VN OR LOCATION OF DI			9c. COU	NTY OF D	
E	10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO	CATION					
	MARYLAND HOWAI	RD			T CITY					10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	2618 LITER COURT				101. ZIP CODE 21042				U.S	A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ZXXNO	If yes	DECENDENT OF HISPAN , specify Cuban, Maxica YES XIX NO Specify	n, Puerto Rican	pecify Yes i, atc.)	or No—	14. RACE	— American Indian, c, White, etc.
8	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON Colote of	18a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED		ollege (1-4 or 5+)	HOUSEWI		most of working			OWN	HOME	
	17. FATHER'S NAME (First, Middle, Last) WILLIAM WEAVER				18. MOTHER'S NA	ME (First, Middle	s, Maiden S	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		401 0000000							
5	BARBARA MERGEHENN				court, ELLICO					2
	20e_METHOD OF DISPOSITION 1 All Surial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE AND DATE OF THE PLACE AND DATE OF THE	PER CEM		DATE 1/4/92		IMOR		
	21. BIGNATURE OF PUNERAL SERVICE LICENS			22. NAM LER	OY M. & RU	SSELL	C. W	ITZK	E FUI	NERAL HOMES LE,MD. 21228
	23. PART I. Enter the diseases, or comp	olications that caused	the death. Do n	of enter the	mode of dying eucl	h an cardian	or respl			
	shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on ea	ich line.							Approximate Interval Between Onset and Desth
NO	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	Sheri	the fr	luo	mia		**	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A			o rescul	& Ac	ade	ul		
ERTI	resulting in death) LAST	342 10 (011.24.1	CONSCIUENCE OF	f:						
	PART II. Other significant conditions co	ntributing to death bu	it not reaulting i	n the underl	ying cause given in	Part I. 24a.	WAS AN A	WTOPSY	24b.	WERE AUTOPSY FINDINGS
DIC.	- Jule fee	de					PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	- Fearfer	1. Unic	sy To	ract	Typilia	in				1 Nes 2 No
<u> </u>	25. WAS CASE REFERRED TO MEDICAL		U	28	PLACE OF DEATH (Che	ock only one)				
S		SPITAL: Inpatient 2 - ER/Outpe	tient 3 DOA	OTHER:	Iome 5 Residence					
	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	INJURY AT WORK?	28d. DESCRIB		JURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Specific	— At home, farm, s		YES 2 NO	28f. LOCATION City or Tox	(Street an	nd Number	or Rural Re	oute Number,
COMPLETED	29a. CERTIFIER Check only	To the best of my knowle	dga, daath occurre	d at the time, o	iste and piece, and due	to the cause(a)	and mann	or as state	od.	
Š	one) 2 MEDICAL EXAMINER: Or	the beals of examination	and/or investigation	n, in my opinio	, death occured at the	time, data and p	place, and	due to the	cause(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	De des	no) .	29c. LICENSE NUM	BER 2260	9	29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	1		/		7-0	-92
	RUBEN REIDER M.D.	7445-A VUR	NACE BRA		AD, GLEN BU	JRNIE, M	ID. 2	1062)	
	JAN 06 1992 ful	32. REGISTRAR'S SIGNAL LAWIDSON—Per	della.		_					

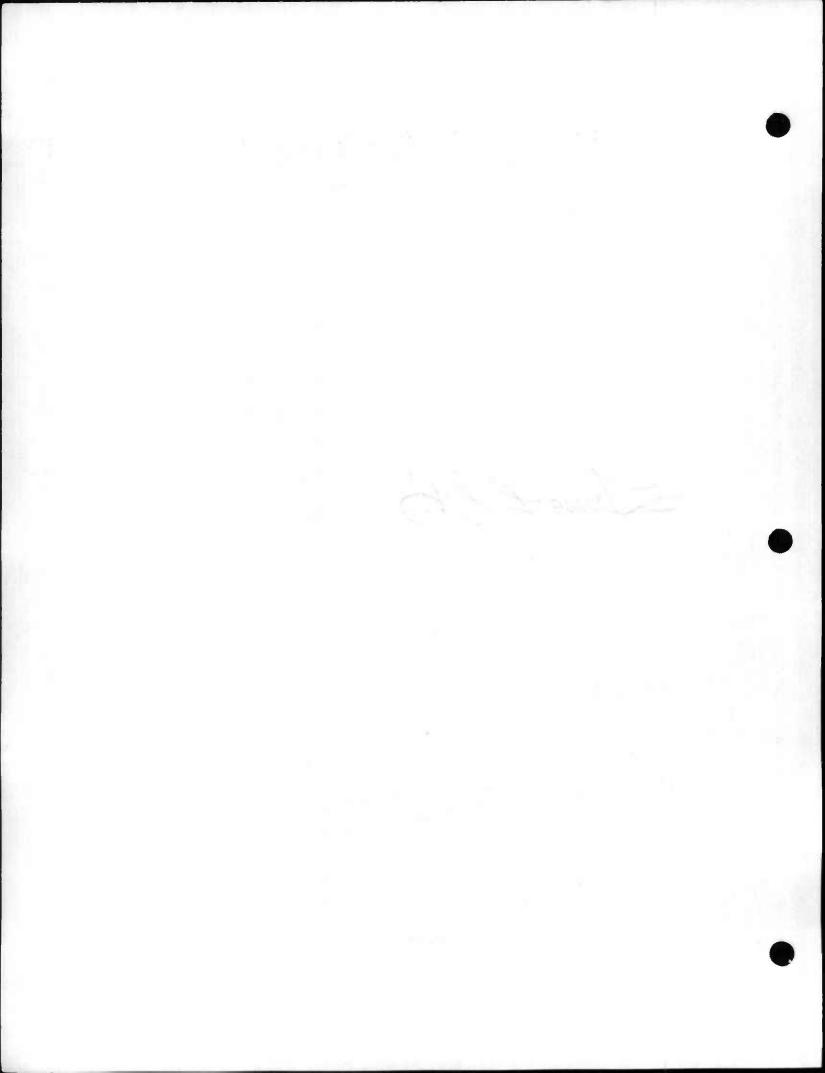


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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	TMENT (OF H	EALTH A	ND ME	NTAL HYGIEN		-	
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY BEATR			ENTIF	CATE	UF	DEATH	2.	REG. NO	AY	YEAR). TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	inst birthday)	IF UNDER 1 V	EAR T	IF UNDER 24 I	me 7	DATE OF BIRTH		12	048 PM
	212-30-3436 90. FACILITY NAME (If not institution, give	1 □ M 2 🏹 F	77	YRS.	MONTHS D	AYS	HOURS	IN. 00	Month, Day, Year)	_	MARYI	
CTOR	HOWARD COUNTY GEN		PITAL		96. CITY, TO	OWN O	R LOCATION	OF DEATH			NTY OF DEA WARD	ТН
l m	10a. STATE 10b. COUNT	ТҮ		10c. CITY	, TOWN OR	LOCATI	ON	-			1	Od. INSIDE CITY
L DIRE	MARYLAND 100. STREET AND NUMBER				BAL'	_					1	LIMITS?
FUNERAL	2735 WILKENS AVE	NUE					1223			U.S		AT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES?	YES 2 X	NO NO	If y	e, spe	NDENT OF Holly Cuben, No. 2 X NO. 3	exicen, Pu	RIGIN? (Specity Yearto Rican, atc.)	or No-	14. RACE - Black, Specify:	- American Indian, White, etc.
ETED	15. DECEDENT'S EDI (Specify only highest grade	le completed)		DECEDENT'S (Give kind of with Do NOT us	USUAL OCCU	JPATIOI	N t of working		16b. KIND OF BU	SINESS/IND	DUSTRY	
교	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5	''	MEMAK								
at once.	17. FATHER'S NAME (First, Middle, Last) CHARLES E. LONG	GLEY							irst, Middle, Maiden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (S	treet an			Number, City or Tow	n Ctota 7in	Codel	
TO TO	LOUIS GOODMUTH	H							LLICOTT			21043
Tan E	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Ren 4 Donetion 5 Other (Specify)	noval from Stata	cemetery, c	rematory or of	ner plece)			1			City or Town	, State
ě	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	INEW C	AIRED			ADDRESS C			LTIMO	KE	
medical examiner must	- lever	24	Sof	6	HUBI	BAR	D FUNI	ERAL	HOME INC	_	F MD	21220
ERTIFICATION	shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO	(OR AS A CONSI	EQUENCE OF):							interval Between Onset and Death & au S
AN: MEDICAL CE	PART II. Other significent condition	ns contributing to	deeth but not	resulting in	the under	riying	ceuse give	in Pert	I. 24a. WAS AN PERFOR	MED?	C	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
V 4	25. WAS CASE REFERRED TO MEDICAL	11000174			OTHER:	6. PLA	CE OF DEATH	(Check or	ly one)			
티디	EXAMINER?	HOSPITAL:					-12-1					
IYSICI	EXAMINER? 1 YES 2 NO	1 - Inpetient 2 -		3 DOA	4 - Nursing			nce 6 🗌	Other (Specify)			
IYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending		INJURY		OF 280	WOR	RY AT	28d.	Other (Specify) DESCRIBE HOW II	NJURY OCC	CURED	
TED BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF (Month, D.	INJURY	28b. TIME	OF 28c	WOR!	RY AT K?	28d.				⊚ Number,
TED BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSI	28e. DATE OF (Month, D) 28e. PLACE O building,	INJURY ny, Year) F INJURY — At hetc. (Specify) my knowledge, d	28b. TIME INJU	OF 28cRY M 1 reet, factory,	WOR! YE office	RY AT K? S 2 NO	28d. 28t.	LOCATION (Street a City or Town, State)	nd Number	or Rural Rous	
BE COMPLETED BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF (Month, D) 28e. PLACE O building, ICIAN: To the best of ER: On the beste of ex	INJURY ay, Year) FINJURY — At hetc. (Specify) my knowledge, d mamination end/or	28b. TIME 1NJU ome, term, st	6 Nursing OF 286 RY M 1 reet, factory, i at the time, I n my opinio	working YE office data er	RY AT K? S 2 NO	28d. 28t. due to the the time,	LOCATION (Street a City or Town, State)	ner se state	or Rural Rounds	
TED BY PHYSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	28e. DATE OF (Month, D) 28e. PLACE O building, ICIAN: To the best of ER: On the beste of ex	injury y, 'bar) Finjury — At hetc. (Specify) my knowledge, d camination end/or E OF DEATH (ITI	28b. TIME INJU ome, term, st leath occurred Investigation	OF 28c RY M 1 reet, factory, I at the time, I my opinio	e. INJUI WORK	AY AT K? S 2 NO not place, end with occured at 29c. LICENSE D 3 1	28d. 28t. due to the time,	LOCATION (Street a City or Town, State)	ner se state d due to the	or Rural Rounds	ord menner ee stated.

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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF	MARYLAND) / DEPAI CERTIF	RTMEN	T OF H	IEALTH DE A	AND	MENTA	L HYGIEN		4	00102
	1. DECEDENT'S NAME (First, Middle, L.	JANI(EEKI				2. DATE MONT	OF DEATH		92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-30-5205	5. SEX 1 M 2 F	6. AGE (In yrs. 58	last birthday) YRS.	IF UNDE	R 1 YEAR DAYS	IF UNDER	R 24 HRS.	7. DATE (Mont	OF BIRTH	933	8. BIRTH	IPLACE (State or Foreign YLAND
Œ	9a. FACILITY NAME (If not institution, g ST. AGNES HOS				9b. CIT	Y, TOWN	OR LOCATI		EATH			INTY OF D	
5	RESIDENCE OF DECEDENT						DAI	LTIM	JRE		<u> </u>		
DIRECTOR	MARYLAND B	ALTIMORE		10c. CIT	ry, town		TIMO	ORE		···			10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 210 CLYDE A	VENUE					. ZIP COD	Ε			10g. CIT	IZEN OF V	1 YES 2 X NO
N N								2122				JSA	
1	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. I YES 2 MAR OR DATES	ARMED NO	13.	If yes, sp	ENDENT (ecity Cubi 2 X NO	ın, Mexica	in, Puarto	Y? (Specify Yas Rican, atc.)	or No-	14. RACE Black Speci	— American Indian, k, Whita, etc.
1	15. DECEDENT'S I (Specify only highest g	rade completed)	1570	DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO during mo	ON st of workin	ng	16t	. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 2 YRS	+)		,	RAT	IVE S	SECTY	7	PUBLIC	C SCH	HOOLS	
	17. FATHER'S NAME (First, Middle, Last) OSCAR	JOHNSO	N							Middle, Malden		(7)	
3	19a. INFORMANT'S NAME (Type/Print)	Johnso		401 4404 444				HEL				iEY_	
2	EDWARD J. MEEK	INS								ber, City or Town	n, State, Zij 212		
	20a. METHOD OF DISPOSITION 1 □ Burlai 2 \(\text{N} \) Cremation 3 □ R 4 □ Donation 5 □ Other (Specify) _	amoval from State	20b. PLAC	CEANDDATE	OF DISPO	SITION (Na			OAT	E 20c. LO	CATION —	City or To	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		NO CKE	22. HU	BBAR		NERA	L HC	ME, IN BALTIM	IC.		MARYLAND 21229
CERTIFICATION	23. PART Enter the diseases, shock, or heert failure immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. Lu DUE TO DUE TO DUE TO d.	OR AS A CONS	EEQUENCE OF	/ur F): F):	e	† 5	Бер	tic			reet,	Approximate Interval Betwee Oneet and Deat
. MEDICAL	Breast Co Brain me	ions contributing to	ung	t resulting	tas	ta.	5/S	given in	Part i.	24a. WAS AN PERFOR	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
I SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE!	1:	ACE OF DI						
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	E OF URY M	28c. INJU WOI 1 Y	JRY AT RK? ES 2			CRIBE HOW IN	JURY OC	CURED	
ETED	3 Suicide S Could not I 4 Homicide determined		F INJURY — At atc. (Specify)	home, farm, s	straat, fact	ory, offica			28f. LOCA City of	ATION (Street as or Town, State)	nd Number	or Rural Re	oute Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the beat of INER: On the basis of a	my knowledge,	death occurre	nd at the t	me, date	end pleca,	and dua	to the cau	se(e) end meni	ner as stat	ed. a Couse(s)	and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIF							NSE NUM					(Month, Day, Year)

PERSON WHO COMPLEYED CAUSE OF DEATH (ITEM 27) (Type, Print)
Calderon . 900 Caton Aul, Ballo, MD. 21229

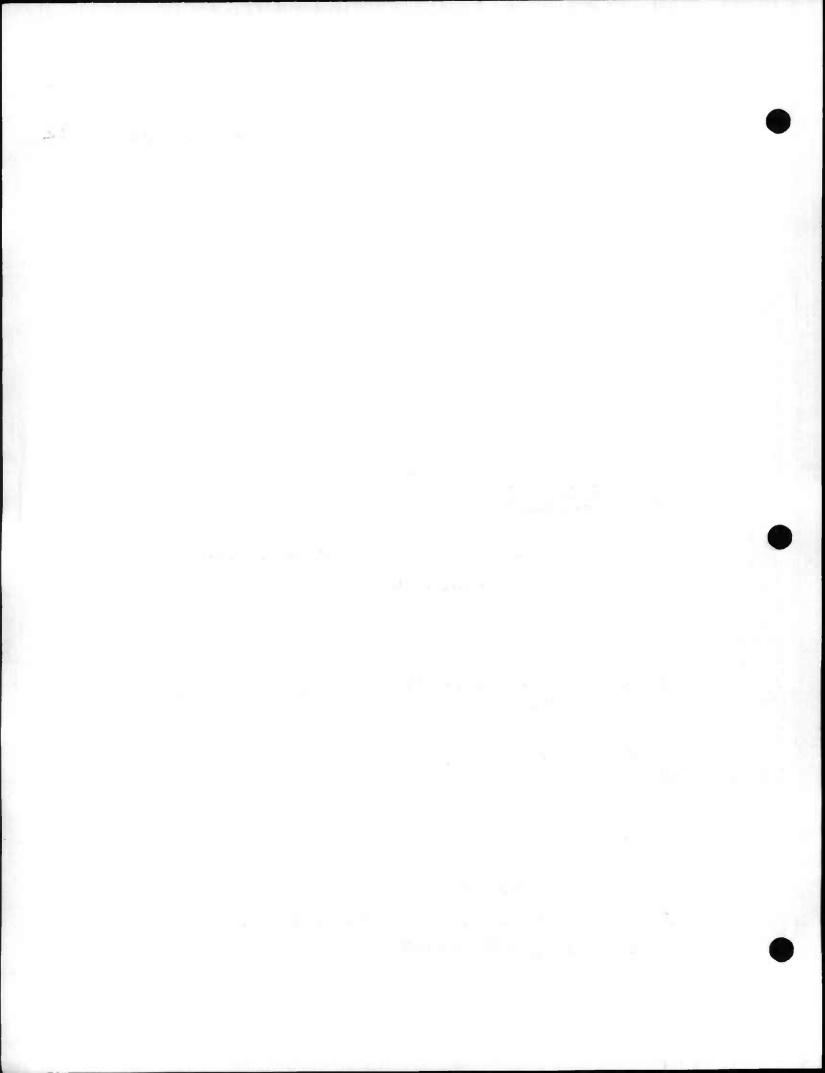
32 REGISTRAD'S SIGNATURE
Suna Devidoon-Andelle



2

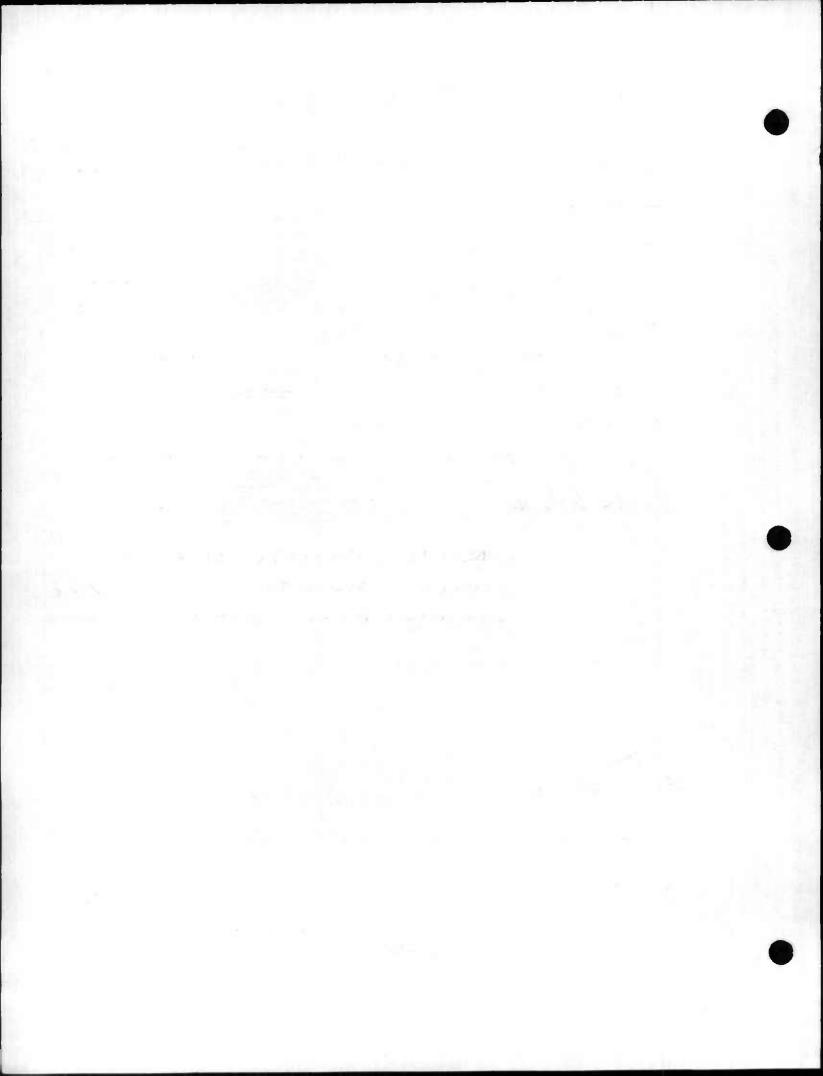
31. DATE FILED (Month, Day, Year)

JAN 92



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	SICIA	certif	in the	d, or	Ì
	MG PH	ter this	ath Wil	narke	
	ENDI	DR: Af	ter de	B is	
	JR ATT	INECT	onus al	ет 2	
	ITAL (PALC	12 P	. II II	
	HOSP	FUNE	WITHIN	TANT	
	TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	_		_	-	

	1 - STATE REGISTRAR	SIATE OF I	MARYLAND /	/ DEPAI ERTIF	RTMEN	T OF H E OF	DEAT	AND	MENTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, I	Lest)							2. DATE OF DEATH		YEAR	3. TIME OF DEATN
	John Wi	lliam Mac							1 4		Q 2	12.15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	st birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH			
	218-12-4767	1 M 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb. 25,	1906	Countr	PLACE (State or Foreign D.C.
-	9e. FACILITY NAME (If not institution,	give street and number)			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE	EATH	9c. COU	NTY OF D	
OH	8025 York Rd.				Т Т	owso:	n				Bal	to
5				_							Dal	
DIRECTOR				10c, CI1	Y, TOWN	OR LOCATI	ON					10d. INSIDE CITY LIMITS?
		Balto.			To	wson						1 TES 25 NO
MAIN N	10e. STREET AND NUMBER					10f.	ZIP COD	E		10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	8025 York Ro						212	204			U.S	.A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13.	WAS DECE	NDENT C	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	-	- American Indian, White, atc.
ВУ	1 Never Merried 2XX Merried 3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	110		1 YES	NO	n, Mexice Specify	n, Puerto Ricen, etc.)			y: White
												, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	15. DECEDENT'S (Specify only highest)	grade completed)	16e. DE	ECEDENT'S	USUAL C	during mos	N t of workin	a	16b. KIND OF BUS	NESS/INC	DUSTRY	
٦	Elementery/Secondary (0-12)	College (1-4 or 5	+1						Do Air	برائمونات		
N N	12	10	PI	hysic	Tan				Pedia	itric	S	
COMPLETED	17. FATNER'S NAME (First, Middle, Last						18. MOTH	IER'S NA	ME (First, Middle, Maiden		-	
BE		Machen					Н	larri	lette Sle	eman		
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street en	d Number	or Rural F	Route Number, City or Town	n, State, Zip	Code)	
-	Mrs Irene J.	Machen		Sa	ame A	As #1	0					
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	0	20b. PLACE						DATE 20c. LO	CATION —	City or To	wn. State
	4 Donetion & Other (Specify	Hemoval from State	Parkv	700d°	"Ceme	tery	1	-6-9				aryland
	21. SIGNATURE OF FUNERAL SERVICE	E EICENSEE	-		22.	NAME AND	D ADDRES	S OF FA	CILITY			
	N. 110 VI	1.1. V			Ru	ick T	owso	n Fu	neral Home			
\rightarrow	23. PART I. Enter the diseases,	WW M			10	50 Y	ork	Road	l, Towson,	Md.	2120	4
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	(OR AS A CONSEC (OR AS A CONSEC	OUENCE OF	1.6	- YU H & HCD	PH:	ATI ITS	S LED	KOL	ιĥ	Interval Between Onset and Death
S. I		d										
PHYSICIAN: MEDICAL	PART II. Other significant condi		death but not r	resulting i	in the ur	nderlying	cause g	lven in i	Part I. 24s. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICA EXAMINER?						CE OF DE	ATN (Che	ck only one)			
2	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 In	ER/Outpatient 3	□ DOA	OTHER	R: sing Nome	5 🗌 Rei	sidence :	8 Other (Specify)			
ξI	27. MANNER OF DEATH	28e. DATE OF (Month, Di		28b. TIM	E OF	28c. INJU	RY AT		28d. DESCRIBE NOW IN	JURY OCC	URED	
2	1 Natural 5 Pending 2 Accident Investigati		ay, rear)	INJ	URY M	WOR	K7 S 2 _	NO				
	3 Suicide 6 Could not	26e. PLACE OF	F INJURY — At hor	me, term, s	treet, tect	lory, office			281. LOCATION (Street at	nd Number	or Rumi Ro	oute Number
2	4 Nomicide determine		etc. (Specify)						City or Town, State)			,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PI	NYSICIAN: To the best of	my knowledge, des	eth occurre	nd at the t	ime, date e	nd place, ith occurs	end due	to the cause(e) end meni	ner ee state	ed. e ceuse(a)	end manner as stated.
96	29b. SIGNATURE AND TITLE OF CERT	IFIER	0				29c. LICE	NSE NUM	BER /	29d. DATE	SIGNED (Molin, Day, Year)
	truck	D Was	2 u	5)			D	111	74	1	14	ha?
2	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAUS	E OF DEATH (ITEN	1 27) (Type,	Print)			,			17	112
	Donald O. Wood	M.D. 2	Greenme	adow	Dr.	Tir	moni	um	Md. 210	93	e Total	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAI						-	210	75		
	JAN 0 6 19	92 Julia L	avidson-R	indest	•							



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	1. DECEDENT'S NAME (First, Middle, Last GENEVA	NESBI	.m				0.7		YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-12-9592		AGE (in yrs. last	t birthday) IF UN YRS. MONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
H.	9a. FACILITY NAME (If not institution, give	street and number)	91			OR LOCATION OF		9c. COUNT	Orth Y OF DEAT	Caroli
ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			10c. CITY, TOW		timore	City	l n	one	
DIRE	M	one				ore Cit	У			INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 1523 N. Broad	Waw			10	21213			N OF WHA	AT COUNTRY?
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT ET FORCES? 1 [] IF YES, GIVE WAR	YES 24 N	MED O	tf yea, a	CENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		RACE -	States American Indian,
ED BY	3 Widowed 4 Divorced					S 2 TYNO Spec	ny:		Specify: Vegr	oid
COMPLETE	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 7th grade	College (1-4 or 5+)	(Gir.	DO NOT use retired	ne during m f.)	ost of working	16b. KIND OF BU			
NO.	17. FATHER'S NAME (First, Middle, Last)	none	_ Su	pply T	ecnr		JONNS AME (First, Middle, Maiden	Hopk:	ıns	Hospita
BEC	Adam Barnes					Mary	Stewart			
2	Willie Nesbit,	Sr					Route Number, City or Tow			
	20a, METHOD OF DISPOSITION 1		20h DI ACE AL	NO DATE OF DIES	OCITION /A	in man of	Baltimor	CATION - CIT		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		Baltin	more C	emet	ery 1/8	3/92 Bal	timor	e, M	aryland
	10-6: X	2 Var		1	Cal	vin B.	Scruggs eston St,	Funer	al	Home
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	AS A CONSEOU							
MEDICAL	PART II. Other algnificant condition of the condition of	na contributing to dea	nth but not re	suiting in the	underlyin X-Va	g cause given in	Part I. 24s. WAS AN PERFOI	RMED?	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 1 100
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		l ozu		LACE OF DEATH (C)	neck only one)			
HYS	1 YES 2 NO	1 ☐ Inputient 2 ☐ ER		DOA 4 N	ursing Hon		6 Other (Specify)			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear)	INJURY M	1 🗆	DRK? YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCUP	REO	
ETED	3 Suicide 6 Could not be determined	28s. PLACE OF IN. building, etc.	JURY — At hom (Specify)	ie, farm, street, fa	ctory, offic	ia .	281. LOCATION (Street a City or Town, State)		Rural Route	Number,
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ER: On the best of my I	knowledge, deat	th occurred at the	time, date	end place, and due	to the cause(a) and mar	nner as stated,	euse(a) an	d menner ea stated.
TO BE	200. SIGNATURE AND THIS OF CERTIFIE	My).				29c. LICENSE NU D1985	MBER	29d. DATE S	6/9	onth, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WILL SECOND TO LOW, 19 10 10 10 10 10 10 10 10 10 10 10 10 10	32. REGISTRAR'S	ON. FO	vest Pa	KA	ve Ball	timore the	d. 21.	207	
	JAN 06 1992		Pandel	e						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_.1 ,18 1 8454 market and the second s STATE OF THE SECOND

1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

1 -

BALTIMORE, MARYLAND 21215-0020	certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	
MARY	retained by	
MORE,	зде 6 тау бе	
BALT	after death.	
D	24 hours	
68760,	executed within	Manual and the second s
.O. BOX 68760	ertificate be (
	C	٦

DIVISION OF VITAL RECORDS,

7. DATE OF BIRTH 218-26-7029 DAYS HOURS 1 X M 2 F 61 VRS FEB. 22, 1930 burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 329 FIRST AVE DIRECTOR LANSDOWNE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 329 FIRST AVENUE 21227 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 1 Never Merried 2 N Merried BY IF YES, GIVE WAR OR DATES the L 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) use ò Elementary/Secondary (0-12) College (1-4 or 5+) 2 YRS detached BANKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) 2 Ħ JOSEPH F. NOON BE HELEN KOTMAIR notified Patriciape/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LATRICIA A. NOON 329 FIRST AVENUE-BALTIMORE, MD. 21227 pe METNOD OF DISPOSITION
Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Donation 5 Other (Specify) LOUDON PARK CEMETERY 1/6 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSIEE ND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY
HUBBARD FUNERALHOME, INC. motoske 4107 WILKENS AVE, BALTIMORE, MD 21229 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, 3 ahock, or haart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** npletely fille cremation. the disease or condition Lun mey reaulting in death) event, DUE TO (OF AS A CONSEQUENCE OF): burial. traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) nding physician a Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST 0 the atten Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL Health and any shows been s has be Dept. PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem! certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 5 Residence 8 - Other (Specify) 10 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH marked, 28b. TIME OF INJURY this c 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK? Natural 5 Pending м 1 YES 2 NO BY After t Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide ETED DIRECTOR: A hours after d .00 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide COMPLI CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. TO THE FUNERAL ID TO THE WITHIN 72 H HOSPITAL MEDICAL EXAMINER: On the basic of cyssimination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 29c. LICENSE NUMBER BE 표보 24 Whil 02435 223 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) waterfield - St. Agnes Oncology 32 AEGISTRAD'S SIGNATURE
Julia Davidson Randall 1992

GEORGE

5. SEX

J.

6. AGE (In yrs. last birthday)

CERTIFICATE OF DEATH

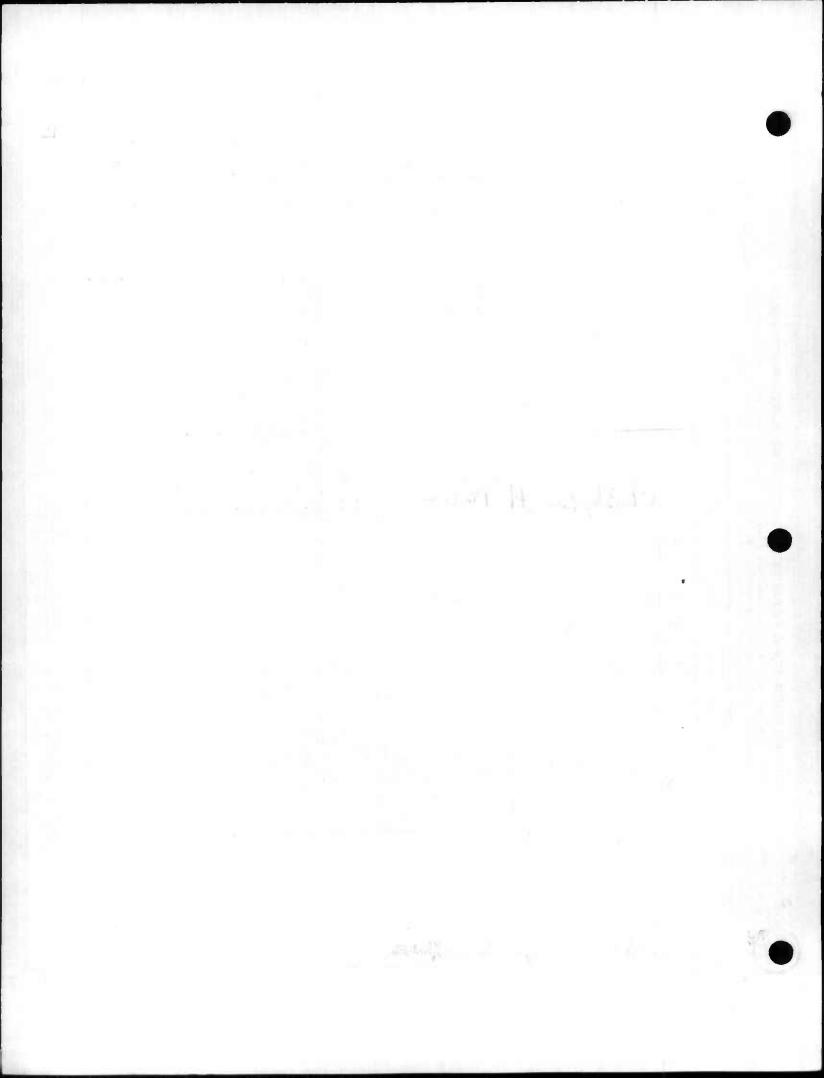
IF UNDER 1 YEAR IF UNDER 24 HRS.

NOON

92 00105 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF I 10:25 PM 8. BIRTNPLACE (State or Fermior BALTIMORE 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY LIMITS? 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: WHITE 16b. KIND OF BUSINESS/INDUSTRY BANKING 20c. LOCATION - City or Town, State BALTIMORE Approximata intarvai Between Onset and Death 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 T NO DF DEATH? 1 YES 2 NO

DHMN-16 Rev 1/89

29d. DATE SIGNED Month, Day, Year)



use as the burial-transit permit. Pages 1, 2, 3 should r attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shrinkl or man be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1215-0020

BALTIMORE, MARY

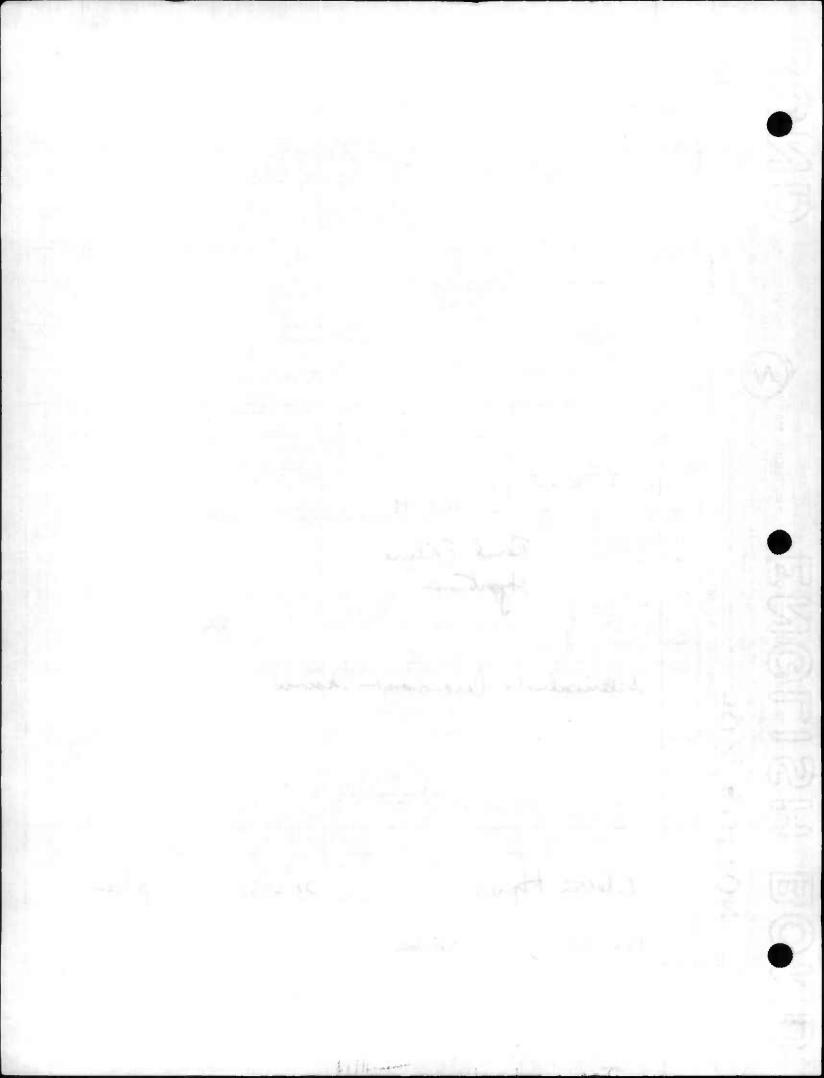
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR	STATE OF M	CE	RTIFI	CATE OF	DEATH	1	REG. NO.			A THE OF SCATA
1. DECEDENT'S NAME (First, Middle, Last) Harry	Garf	eld	Pat	terson,	Jr.	Jan	OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 215-32-7530	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	Monti	OF BIRTH h, Day, Year) 10 17	1912	Country)	yland
9a. FACILITY NAME (If not institution, give 4902 Bart Aller RESIDENCE OF DECEDENT				9ь. СІТУ, ТОЖН С Ва	dwin			9c. COU	eltimo	АТН
10a. STATE 10b. COUNT Maryland		imore		TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER 4902 Bart Allen					2101	3				HAT COUNTRY?
11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 N		If yes, sp	ENDENT OF HI ecify Cuban, M 2 XNO S	SPANIC ORIGIN exican, Puerto ! pecify:	17 (Specify Yea Rican, atc.)	n or No	14. RACE Black, Specify	- American Indian, White, etc. White
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +	(Gi	ve kind of w Do NOT use	Sual occupation done during me retired.)	st of working		U.S.			rvice
17. FATHER'S NAME (First, Middle, Last) Harry G. Patte	rson. Sr.		Clai	Deliver	18. MOTHER	s name (First, i	Middle, Maiden	Sumame)	11 56	I VICE
19a. INFORMANT'S NAME (Type/Print) Maxine L. Patte		191		ADDRESS (Street All	and Number or F	tural Route Num	ber, City or Tow	n, State, Zip		13
20a. METHOD OF DISPOSITION 1 ABurlel 2 Cremetion 3 Rer 4 Donation 5 Other (Specific Research)		20h PLACE	AND DATE	of disposition of other place)	(Name	DAT	F 20c LO	CATION	City or Tou	rn. State
21. SIGNATURE OF EMPERADOR VICE	hochstalne	or MOX		Lemm	ND ADDRESS O	chell-\	Niedef	eld		Md. 21093
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Rem	caused tha de	eth. Do n	ot antar tha mo						Approximate interval Betwee Onset and Das
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEC			- 1		250			
PART II. Other significant condition	d	death but not r	asulting i	n the underlyin	a course abu	n in Dart i	24a. WAS AN	AllTOBEV	246	WERE AUTOPSY FINDING
arteriose	lustre	Cerdu	rion	ulan la	essen	e	PERFO	RMED?		AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
						H (Check only o	ne)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlent 3	□ DOA	26. P OTHER: 4 \sum Nursing Hot	LACE OF DEAT		er (Specify)			
EXAMINER?	1 Inpatient 2 28s. DATE OF (Month, D	INJURY	DOA 28b. TIMI	OTHER: 4 Nursing Hore E OF 28c. IN		ence 8 Other	er (Specify) \$CRIBE HOW	INJURY OC	CURED	
EXAMINER? 1	1 Inpatient 2 28s. DATE OF (Month, D	INJURY	28b. TIMI INJ	OTHER: 4 Nursing Hot E OF 28c. IN URY W 1	ne 5 Raside JURY AT DRK? YES 2 N	28d. DE		and Number		oute Number,

29c. LICENSE NUMBER
DZ 3450 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

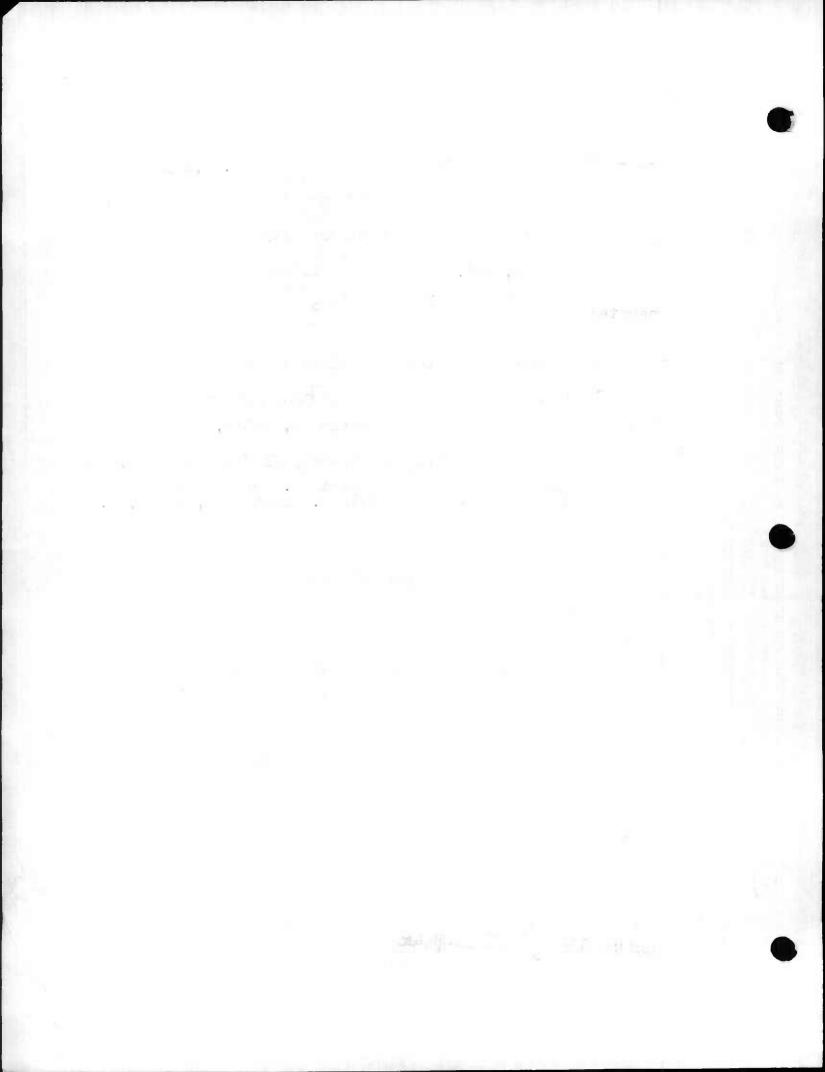
Walter Hepner, III, M.D. 3313 Paper Mill Rd., Phoenix, Md.

2



as the burial-transit permit. Pages 1, 2,	
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the led within ?2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OHIANT: It tem 28 is marked, of item 23 shows any injury, of other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF	MARYLAND	/ DEPAF	RTMEN	T OF H	IEALTH	AND	MENTAL	HYGIEN	92 E	U	UIUI
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Les	set .		ERTIF	ICATI	E OF	DEA	TH	,	REG. NO.			
, day	Warren Pittman								2. DATE OF DEATH MONTH January 5 199			952	3. TIME OF DEATH
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	net hirthday)	IF UNDER	A 1 YEAR	IE LINDE	R 24 HRS.	7. DATE OF BIRTH		- 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7:00AM w
	129-50-4937	1 💹 M 2 🗆 F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.	Day Mart	958		PLACE (State or Foreign) inois
	9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
	Maryland General Hospital					Baltimore City none					one		
	10a. STATE 10b. COUNTY				10c, CITY, TOWN OR LOCATION								10d, INSIDE CITY
L DIF	Maryland none				Baltimore City								1 Z YES 2 NO
VERA	4413 Moravia Road, Apt. 5				101. ZIP CODE 21.206				United S			States	
J.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. 1 Never Merried 2 Merried FORCES? 1 YES 2			ARMED 13. WAS DECENDENT OF HISPAN If yea, specify Cuben, Maxica			IIC ORIGIN? (Specify Yea or No-			14. RACE	- American Indien, White, atc.		
BY	3 Separated	IF YES, GIVE	WAR OR DATES		1 YES 2 NO Specify:							Specify:	
Q	15. DECEDENT'S EDUCATION 184			. DECEDENT'S USUAL OCCUPATION				16h KIND OF BUG				roid	
E.	(Specify only highest gre Elamentary/Secondary (0-12)	(Specify only highest grade completed)			(Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTR			
COMPLETED	10th grade	none		ieta	etary Assistant Overlea Nursin						sin	g Home	
8	17. FATHER'S NAME (First, Middle, Last))n					18. MOT	HER'S NA	ME (First, Mic	ldle, Maiden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	UIT	1	Ob MAH INC	ADDRESS	P. (Ca		050	Route Number	Ko	py		
5	Helen Bogan			4413	Mor	avi	a R	d, I	Balto	, Mar	ylar	1 d	21206
	20a. METHOD OF DISPOSITION 1 % Burles 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory, cremetory or other place) Baltimore Cemetery1/10/92 Baltimore, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE (LICENSEE /	- I par	OTINO.	re U	eme	ter	Y I / J	LU/92	Ipar	timo	ore,	Maryland
	22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home 1412 E. Preston St, Balto, Md. 21213												
NC	23. PART 1. Enter the diseases, or complications the caused the death. Do not entar tha mode of dying, such es cardiec or respiratory arrest, ahock, or heart felture. List only one cause on each line. Approximate interval Between the disease of the death. Do not entar the mode of dying, such es cardiec or respiratory arrest, and the disease of the									Approximete interval Between Oneat and Death			
	Acquired Immune Deficiency Syndrome												
CERTIFICATION	If any, leading to immediata cause. Entar UNDERLYING												
E	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
		d.											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting					n the undarlying cause given in Pa				24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1YES2 NO
Š.	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	ock only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num	R:							
¥	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIMI	IME OF 28c. INJURY AT				28d. DESCRIBE HOW INJURY OCCURED				
ВУР	1 Natural 5 Pending 2 Accident Investigation				INJURY WORK? M 1 YES 2 NO			0.70.0.2.0.000					
	3 Suicide 8 Could not be 4 Homicide determined				ie, lerm, street, factory, office				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
9	29a. CERTIFIER				_							=	
COMPLETED	(Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, end due to the ceuse(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
Ö	29b. SIGNATURE, AND TITLE OF CERTIFIER 29c. LICENSE NUMBER									29d. DATE SIGNEO (Month, Day, Year)			
TO BE	N. Hansule						JANUARÝ 5, P 12992						
F	30. NAME AND A CORESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)												
-													
JAN 06 1992 33 REGISTERATIS SIGNATURA AND SI													



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
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be filed within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 00108 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH						92 00108				
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	3. TIME OF DEATH				
	Barbara	Ann	Lomax	Rag1a		1 3	92 12:40 P. M				
	4. SOCIAL SECURITY NUMBER	The second secon		F UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	210 34 2900	1 M 2 F 52		ONTHS UATS I	NOONS MIN.	5-1-39	Md				
~	9a. FACILITY NAME (If not institution, give stre	9	b. CITY, TOWN OR	LOCATION OF DEATH		9c. COUNTY OF DEATH					
0	160 Bolton Street Baltimore										
EC	10a. STATE 10b. COUNTY		10c CITY 1	TOWN OR LOCATIO			Tax more con-				
FUNERAL DIRECTOR	Md.		Baltimo			10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER						1 GYES 2 NO				
	1604 Bolton	2 C+	IP CODE								
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO			13. WAS DECEN	21217	ORIGIN? (Specify Yee	Dr No — 14. RACE — American Indian,				
				Il yes, speci	fy Cuben, Mexicen, Pr	uerto Rican, etc.)	Black, White, etc.				
ВУ	3 Widowed 4 Divorced			X. Coochy.		Specify:					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	UAL OCCUPATION	of working	16b. KIND OF BUSH							
Ë	Elementary/Secondery (0-12)	life. Do NOT use n	etired.)								
M P			Tele	emarket	ing						
	17. FATHER'S NAME (First, Middle, Last)		1	8. MOTHER'S NAME	First, Middle, Maiden Si	(umame)					
BE	Clarence Loma	1X				rie					
2	19a. INFORMANT'S NAME (Type/Print)					Number, City or Town,					
	Aletha Ragland						d. 21217				
	1.X. Muriel 2 Cremetion 3 Remov	ral from State ceme	PLACE AND DATE OF D etery, crematory or other	place)	1	DATE 20c. LOCA	ATION — City or Town, State				
	4 Donellon 5 Other (Specify) WOOdlawn Cem. 1/9 Ralto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
		7. Mast	Marine III			orton &	Sons				
	110000000			170	1 Tauro	na C+ 1	Dalta W301017				
	23. PART I. Entar tha diseases, or co shock, or heart failure. Li	mplications that caused ist only one cause on as	tha death. Do not ich line.	anter tha mode	of dying, such as	cardiac or reapire	atory arrest, Approximata Interval Batween				
Ì	iMMEDIATE CAUSE (Final disease or condition	11.	/-	. 6H	woche	1 11	Onset and Death				
	reaulting in death)	THE TO TOR AS A	CONSEQUENCE OF:	dela	wells	we 1120	w //seuse				
_			Constitution of a								
0	Sequantially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury						1				
E	that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	reaulting in death) LAST										
AL C	PART ii. Other algnificant conditions	contributing to death bu	it not resulting in t	the underlying o	ettes alven in Bari	t i. 24s, WAS AN AI	I and literary assessment of				
2				ine underlying e	aces given in Pan	PERFORM	NED? AVAILABLE PRIOR TO				
	10 Awar	rence				TES 2	NO DF DEATH?				
2	and the	- nou					1 TES 2 NO				
¥	25. WAS CASE REFERRED TO MEDICAL			28. PLAC	F OF DEATH (Check of	nativ one)					
SIC	28. PLACE OF DEATH (Check only one) EXAMINER? 1 X YES 2 NO NO 1 Inpetient 2 ER/Outpatient 3 DA 4 Nursing Home 5 X Residence 6 Other (Specify)										
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJUR	r AT 260	d. DESCRIBE HOW INJ	JURY OCCURED				
BY	Natural 5 Pending Investigation	(MOILII, Day, real)	INJURY	M 1 YES	WORK?						
	3 Suicide 6 Could not be	26e. PLACE OF INJURY - building, etc. (Specif	At home, ferm, stree	, factory, office 28f. LOCATION (Street and Number or Rural Route Number.							
E	4 Homicide determined City or Town, State)										
P	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.										
COMPLETED	MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner se stated.										
	290. GIONATHIE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)						
BE	20001	-									
유	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	FAMILE 5 Real. Th 111 Penn Street, Baltimore, Maryland 21201										
	maryland /1/01										
	JAN 0 6 1992	Julia Davidson	-Andell								
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SW IEC	s been	pt. of	oho C.
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BALTIMORE, MARYLAND 21215-0020

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1, 1,	REGISTRAR		CE	RTIFIC	AIE OF	DEATH	R	IEG. NO.			
	DECEDENT'S NAME (First, Middle, Last)	C. ROB	· /				2. DATE OF I	DEATH		YEAR 3.	TIME OF DEATH
	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH		BIRTHPLA Country)	ACE (State or Foreign
	005 22 0517	1 🗆 M 2 💢 F	64	YRS.			DEC		1927	Country	Maine
	PRESIDENCE OF DECEDENT		PITAL			imore	DEATH			y of deat Ltimo	re City
H T	On. STATE 10b. COUNTY	ltimore		10c. CITY, T	OWN OR LOCA	dallstov	m				d. INSIDE CITY LIMITS?
	00. STREET AND NUMBER	LCIMOTC				of, ZIP CODE	***				YES 2 NO
FUNERAL	8914 Allensv					2.11			U.	S.A.	COUNTRY?
3	1. MARITAL STATUS Never Married 2 K Mairied Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N	MED O	If yes, s	CENDENT OF HISP/ pecify Cuban, Maxic S 2 A NO Spec	an, Puarto Ricar	pecify Yes	or No— 1	Specify:	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPleted	16e. DEC	EDENT'S US	UAL OCCUPAT	ON	16b, KIN	D OF BUS	INESS/INDU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 Years			done during m	nologist		Ca		- 100	TT
5 1	7. FATHER'S NAME (First, Middle, Last)	2 lears	FIG	eulcal	recin	18. MOTHER'S N	100 (Since 14)		uther	עות ה	Hospita.
H	Philip	Qui	nn			1111-1111	Helen	е, маюел	McNe:	i 1	
19	9a. INFORMANT'S NAME (Type/Print)			MAILING AD	DRESS (Street	and Number or Rura		City or Town			
L	Mr. George Roby		891	14 A11	enswoo	d Road	Randa1	1sto	wn, M	21	133
1	0e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remo Donation 5 Other (Specify)	ovel from State	20b. PLACE AI	NODATE OF C natory or other Cerans	osposition (No Constitution (No Constitu	ery	1/6		rison — co		state yland
21	1. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_		Lori	ng Byers	Funer				Inc. MD 2113:
2	23. PART Enter the diseases, or c	omplications that	caused tha dea	th. Do not							Approximata
ii d	ahock, or heart failure. I MMEDIATE CAUSE (Final disease or condition eaulting in death)	List only ona cause	PNE	MON	A				Ties Notes		interval Betwee Onset and Daat
2		OUE TO (C	PR AS A CONSECU	UENCE OF):							
Siff of	Sequantially list conditions, frank, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (C	R AS A CONSECU	JENCE OF):							
_ t	hat initiated events esuiting in death) LAST	OUE TO (0	R AS A CONSECU	JENCE OF):							
) P	PART II. Other aignificant conditions	contributing to d	sath but not ra	suiting in t	he underlyin	a cause alven in	Part i 24a	. WAS AN	VPROTILIA	24h WE	RE AUTOPSY FINDINGS
		ATIC ,						PERFOR	MED?	COL	ALABI F PRIOR TO MPLETION OF CAUSE DEATH?
							_			1 10	YES 2 NO
25 25 27	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	D/Outpetlant 2		THER:	LACE OF DEATH (C				1	
- 1	7. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TIME O		ne 5 🗆 Rasidenca JURY AT	6 Other (Spi		LIURY OCCU	REO	
27	1 Natural 5 Pending	(Month, Day,	Year)	INJUR	W	ORK? YES 2 NO				i.co	
	Assessed to a state			a farm street	d footom: oddi		DEL LOCATION	-			
5		28e. PLACE OF building, at	NJURY — At home. (Specify)	ro, retrit, atret	n, lactory, one	•	City or Tox	N (Street a. wn, State)	nd Number or	Hural Houte	Number,
	2 Accident 3 Suicide 4 Homicide 6 Could not be determined De. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DIAN: To the best of m	y knowledge, dear	th occurred a	t the time, date	and place, and du	City or Too	wn, Stete) and man	ner as stated		
29	2 Accident Investigation 3 Suicide 4 Homicide 6 Could not be detarmined De. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DIAN: To the best of m	y knowledge, dear	th occurred a	t the time, date	and place, and du	City or Too a to the cause(a) a time, date and	wn, Stete) and man	ner as stated	cause(e) and	f menner es stated.
29	2 Accident 3 Suicide 4 Homicide 6 Could not be detarmined De. CERTIFIER (Check only orre) 2 MEDICAL EXAMINE	DIAN: To the best of m	y knowledge, dear	th occurred a	t the time, date	and place, and du	City or Too a to the cause(a) a time, date and	wn, Stete) and man	ner as stated	cause(e) and	
29	2 Accident 3 Suicide 4 Homicide 6 Could not be detarmined De. CERTIFIER (Check only orre) 2 MEDICAL EXAMINE	COMPLETED CAUSE	y knowledge, dear	th occurred a vestigation, in	t the time, dete	and place, and du death occured at the 29c, LICENSE NU	City or Too a to the cause(a) a time, date and	wn, Stete) and man	ner as stated	cause(e) and	f menner es stated.

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rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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LATTENDING PHYSICIAN; The law re	OR: After this certificate has bee	fter death with the State Dept. of	8 is marked, or item 23 si
IN HIGHTAL OR AT	FINERAL DIRECTOR: After this ce	a multin 72 hours a	DRTANT: If item 2

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN		. 00110
1	1. DECEDENT'S NAME (First, Middle, Last)	P. 8	Pobinso	n	2. DATE OF DEATH	AY 9"	
R	4. SOCIAL SECURITY NUMBER 218-26-5645 9a. FACILITY NAME (If not institution, give steel a Maris Hos	1 🗆 M 2 💢 F		1 YEAR # UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D. TOWSON		30	OF DEATH LIMOTE OF DEATH COUNTY OF DEATH OF DEATH COUNTY OF DEATH OF
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Ba 10c. STREET AND NUMBER #6 Geier Court 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	1timore 12. WAS DECEDENT EVER IN 1	U.S. ARMED 13, 2	11stown 101. ZIP CODE	an, Puerto Rican, etc.)	Unite	10d. INSIDE CITY LIMITS? 1 □ YES AND NO OF WHAT COUNTRY? ed States RACE — American Indian, Black, White, etc. Specify: White
TO BE COMPLETED E	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12 YEARS 17. FATHER'S NAME (First, Middle, Last) Walter Henry PerD 190. INFORMANT'S NAME (Type/Print) Mr. Edward P. Rob 200. METHOD OF DISPOSITION 1. Provided Particles of Chief (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	College (1-4 or 5 +) I CU INSON Oval from State 20b. of ce	#6 Geier Place and Date OF DISP Impelary, crematory or other p Wards Chape 22. L	18. MOTHER'S NA LOTEN GOUTE Rand COUTE Rand DISTRIBUTION (Name Lace) 1 Cemetery NAME AND ADDRESS OF FA ORING Byers	AME (First, Middle, Meidele e Hazelwoo Route Number, City or Ton allstown, DATE 20. U 1/8/92 ACILITY Funeral D	rs Dowr n Surname) d Laver wn, State, Zip Cod MD 211 CCATION — City Randal	nstairs Antiques nder 133 or Town, State 1stown, MD
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS A CO.)	Cancer consequence of:	with Li	VEC mo	Ltasto	Interval Between Onset and Death
ETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	building, etc. (Specif	28b. TIME OF INJURY M — At home, farm, street, factly)	sing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ory, office	8 N Other (Specify) 28d. DESCRIBE HOW 28d. LOCATION (Stree City or Town, State	t end Number or F a)	ED
TO BE COMPLET	anal	O COMPLETED CAUSE OF DEA	end/or investigation, in my of the control of the c	ppinion, death occured at the 29c. LICENSE NU D 270	us time, date and place, of time, date and time, da	29d. DATE SI	GNED (Month, Day, Year)

19 x Execute 717

the hospital or attending physician.

AND 21215-0020

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

NHERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, park 5 amount of enachments. To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INNET II Item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 min

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Midd	ile, Last)								2. DATE OF D				3. TIME OF DEATH
	Richard			Rei	line	797				MONTH O 1	0.3		YEAR	12:15 P M
	4. SOCIAL SECURITY NUMBER	5. SEX		6. AGE (In yrs. las.	t birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BI	IRTH		7 4	
		1 🖄 M		36	YRS.	MONTHS	DAYS	HOURS	MIN.	3-14.	-55		Countr	N.J.
~	9e. FACILITY NAME (If not institution	on, give street and n	umber)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	
DIRECTOR	3127 Univer	sity B	vd.	West #1	2	Ker	sir	igto	n			Мо	ntec	omerv
E C	10a. STATE 10b.	COUNTY				Y. TOWN	DB LOCA	TION						10d, INSIDE CITY
PIG	FLORIDA					Mel	bou	rne						LIMITS?
AL	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL		lA High						32	951			U	.S.	A
	11. MARITAL STATUS 1. Never Merried 2 Merri	12. WAS FDR	DECEDER CES?	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAN	IC DRIGIN? (Spo	ecify Yee	or No-	14. RACE Black	- American Indian, t, White, etc.
ВУ	3 Widowed 4 Divorced	JF YE	S, GIVE	MAR OR DATES					Specify		,	- 1	Speci	ity:
COMPLETED	15. DECEDEN	T'S EDUCATION est grade completed		16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND	OF BUS	INESS/IND	OUSTRY	White
LET	Elementary/Secondary (0-12)		(1-4 or 5	+) ///0.	Do NOT u	se retired.)		ist of working	g					
MP				Ur	nemp	loy	ed							
	17. FATHER'S NAME (First, Middle, Eric Re	Last) ilinger								AE (First, Middle,		Surname)		
BE	19e. INFORMANT'S NAME (Type/Pr						_		da	Call				
2										oute Number, Cit				20053
	20e. METHOD OF DISPOSITION 1 Burlel 2 Commention 3	ilinger		20b. PLACE A		_			y - / I	Milbou			City or Ton	
	4 Donetion 5 Other (Spec	Ramoval from	Stata	Green	natory or o	ther place)	Cem	eter	У	1/6	Bal	tim	ore	, Md.
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE		n				D ADDRES		ILITY		-		
	Ulmi	m (Da	·X		W	m . C	. Ma	rch	F/H 1	1101	E.	No	rth Ave.
	23. PART I. Enter the diseas ehock, or heert t	es, or complice	ione the	t caused the de	eth. Do r									Approximete
	IMMEDIATE CAUSE (Final	enure. List Dniy	one car	ise on eech line.										Intervel Batween Oneet and Death
	disease or condition resulting in deeth)	a N.	LRCO'	FIC INTO	XICA'	TION								
1			DUE TO	(O' a & JDNSEO	UENCE O	F):								
NO N	Sequentially list conditions,	b	DUE TO	(OR AS A CONSEQ	UENCE OF	FI:								_
SAT	if any, leading to immediate cause. Enter UNDERLYING) .				,								i l
E	CAUSE (Disease or Injury that initiated events resulting in death) LAST		DUE TO	(DR AS A CONSEO	UENCE OF	F):								
CERTIFICATION	resulting in death) LAST	d												
	PART ii. Other significent co	nditions contrib	uting to	death but not re	suiting i	n the un	deriying	cause g	iven in P	Part I. 24e.	WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL											PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME											11.0		- 1	DF DEATH? 1 YES 2 ND
ž										_				
<u>5</u>	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPI				OTHER		ACE DF DE	ATH (Chec	ck only one)				
PHYSICIAN:	1 X YES 2 NO		DATE DE	ER/Outpatient 3		4 🗆 Nun	ing Hom			Other (Spec				
	1 Natural		(Month, D INKN	ay, Year)	JNKN	URY	28c. INJI WO			28d. DESCRIBE	NOWI		URED	
BY	2 Accident 3 Suicide 8 Could	pot be 28e.	PLACE D	F INJURY — At hor									or Russi Br	oute Number
COMPLETED	4 Homicide	Annual con	OUNI	IN APT						WEST,	, State)	SINC	TON	ZERSITY BLVI
7	29e. CERTIFIER (Check only	PHYSICIAN: To th	e beat of	my knowledge, dear	th occurre	d at the ti	me, date	end place.						
O.	one) 2 MEDICAL E	XAMINER: On the t	nain of a	camination end/or in	vestigation	n, In my o	pinion, de	ath occur	d at the ti	me, date end pi	lace, end	dua to the	e cause(e)	end menner ae stated.
3[ME SIGNATURE AND SPEE OF CH							29c. LICE						(Month, Day, Year)
ø IL	The X-T	2//1	2	r				0.	С. М.	E.		▶ 0.1	0.4	1992
-	30. NAME AND ADDRESS OF PERS	ON WHO COMPLE	TED CAUS	SE DF DEATH (ITEM	27) (Type,	Print)						UI	04	177/
	FIVIENCE SHED WAREN	1.16	E	// 11	1 P	enn	Str	eet	, Ba	ltimo	re	Mar	vlar	nd 21201
	31. DATE JAN WY 69, 199	2 0 32.5	LOISTRA	R'S'SIGNATURE										

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DHMH-18 Rev 1/89

the thospital or attending physician.	but mached for use as the burial-transi	at once.
1	9	otified
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be man hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mound by accepted for use as the burial-transi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Las Ella Cathe	rine Ragolio				2. DATE OF DEATH		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213 74 1927	1 □ M XXX F 9		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1900 Cou	THPLACE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, given 818 Bengies Rd.				e River	ATH	9c. COUNTY OF Balti		
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUN Maryland Ba	nv ltimore		town on locat Middle				10d. INSIDE CITY LIMITS?	
FUNERAL	10. STREET AND NUMBER 818 Bengies R	d.			ZIP CODE 21220		10g. CITIZEN OF	1 Tyes 2 M NO WHAT COUNTRY? USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 MO	If yes, spe	ENDENT OF HISPAN polity Cuban, Maxical 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Bia	CE — American Indian, ick, White, etc.	
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)		BUAL OCCUPATION to done during most retired.)	ON st of working	166. KIND OF BUS	SINESS/INDUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Frank Pete	rra				ME (First, Middle, Melden Line Pugi			
10 8	190. INFORMANT'S NAME (Type/Print) Anna Rita Szcze	rba, Daughter	196. MAILING AI 818 E	engies	nd Number or Rural R Rd. Bal	timore, Mo	n, State, Zip Code) 1. 21220		
	20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of came and the complete of the complete of the complete of the came and the came an								
	21: SIGNATURE OF FUNERAL SERVICE I	ICENSEE	Le .	22. NAME AN	zinski F		ne PA		
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feiture immediate CAUSE (Fine) disease or condition resulting in death) Sequentielly list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Pure DUE TO (OR AS A C.	och line.			- acin		Approximate interval Between Onset and Death	
MEDICAL CE	PART II. Other significent condition See 24.	one contributing to death bu	at not resulting in	the underlying	ceuse given in I	Part I. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?	
IAN:	25. WAS CASE REFERRED TO MEDICAL	D		28. PL/	ACE OF DEATH (Che	ck only one)		1 YES 2 NO	
PHYSICIAN:	EXAMINER? 1 YES 2 YOO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year)		F 28c. INJU	RY AT	3 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED		
2	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e PLACE OF IN HIDY	- At home, term, atre	M 1 7	ES 2 NO	281. LOCATION (Street a. City or Town, State)	nd Number or Rural	Route Number,	
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowle	edge, dasth occurred a	It the time, data :	and place, and due t	to the cause(a) and man	ner as stated.		
H H	29b. SIGNATURE AND TITLE OF CERTIFY		e h	Q.	29c. LICENSE NUMI	BER		0 (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W		-	telin So	71711		s Ind	2/277	
	31. DATE FILED (MORITI, Day, Year)	32. REGISTRAR'S SIGNAL		-/ M_ = 0	1 0000	42/7	PIEL	, -, /	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

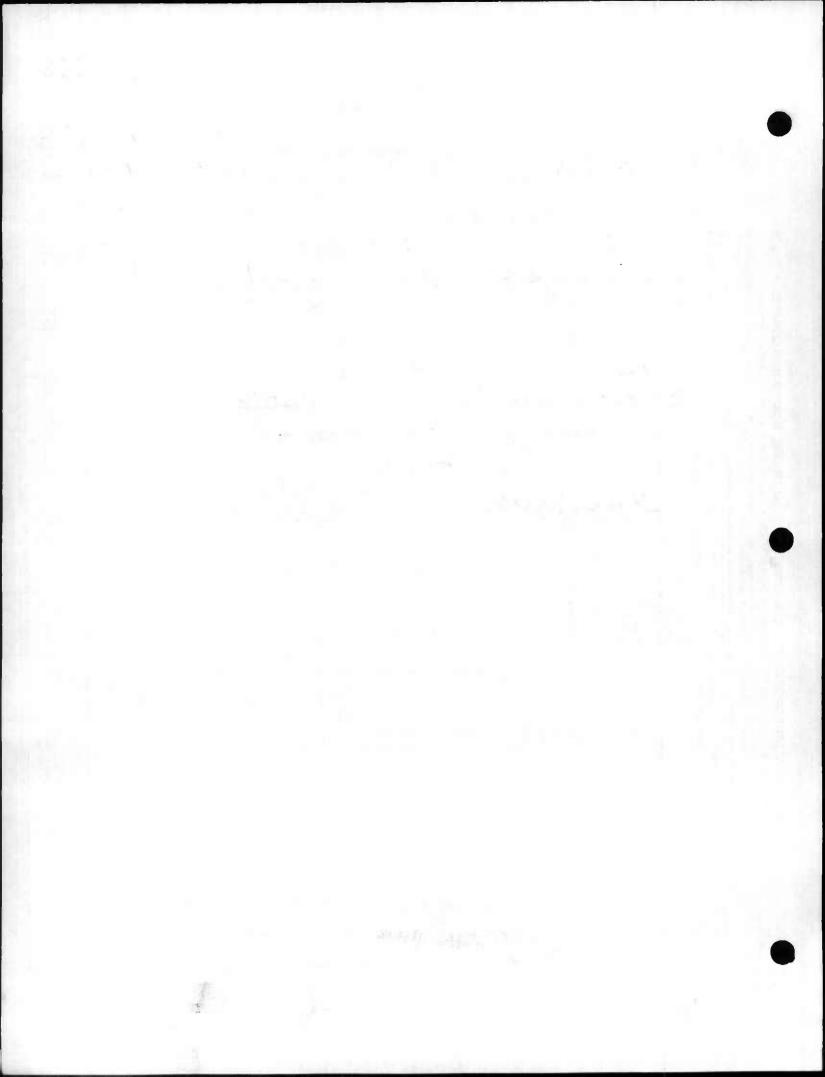
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF			NE	. 00113
	1. DECEOENT'S NAME (First, Middle, Last)	OBERTSON	LITTI	ICAIL OI	DEATH	2. DATE OF DEATH MONTH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 325-38-6236 9a. FACILITY NAME (If not institution, give str	5. SEX 1 M 2 F 6. AGE (In yrs. I		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN, OR LOCATION OF	7. DATE OF BIFTTH (Month, Day, Year)	33 8.	BIRTHPLACE (State or Foreign Country)
ECTOR	UNIVERSITY HOSPI	TAL-MARYL	AND	-	rmore		BA	HUTIMORE
PIR	Maryland 10b. COUNTY		Bo		ore			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
FUNERAL	613 Georg	e St. Ap	st 3		01. ZIP CODE 2/2	01	1	1.05 WHAT COUNTRY?
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		If yea, a	pecify cuban, Maxie S 2 NO Spec	ANIC ORIGIN? (Specify Vicen, Puerto Rican, etc.) illy:	98 Of No.— 14.	RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		Give kind of the Do NOT ut	USUAL OCCUPATION OF A PORT	ION lost of working	16b. KIND OF BI	USINESS/INDUS	TRY
BE CO	17. FATHER'S NAME (First, Middle, Last)	obertson			Mat	AME (First, Middle, Maide	Owy	eu
10	Doris Semb	oley 1	203	Pennsy	PENNSYL	AVIA Dal	wn, State, Zip Coo	212/7
	20e.METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remod 4 Donation 5 Other (Specify)	rai from State 20b. PLACE	remajory or o	ther place) WES	lame of STERN ST		ocation - city	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	well		1718	NO ADORESS OF F	1. North	ral Ho Ave.	
	23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition reculting in deeth)	HYPERT J	typei	214918		ch as cerdiac or resp	piretory arreet	Approximate Interval Between Onset and Death
ATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	And	- UTEI	21 NE	CANCER		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A CONSE	EOUENCE OF	ŋ:				
MEDICAL	PART II. Other significant conditions	contributing to deeth but not	resulting i	n the underlyin	g cause given in	Part I. 24a. WAS AI PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Ingellent 2 ER/Outpatient	3 🗆 DOA	OTHER:	LACE OF DEATH (C)	8 Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, a	treet, factory, offic	ca .	261. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
COMPLET	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, do On the basis of examination and/or	eath occurre	d et the time, date	and place, and du	to the cause(a) end ma	nner as stated, nd due to the ca	use(a) and menner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER A Chauan				29c. LICENSE NU	MBER	29d. DATE SIG	SNED (Month, Day, Year)
유	30. NÁME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type,	Print)				2/1



31. DATE FILED (Month, Day, Year) JAN 0 6 1992

32. REGISTIAN'S LIGHTURE HORSE



Pages 1, 2, 3 should

bunial-transit

2

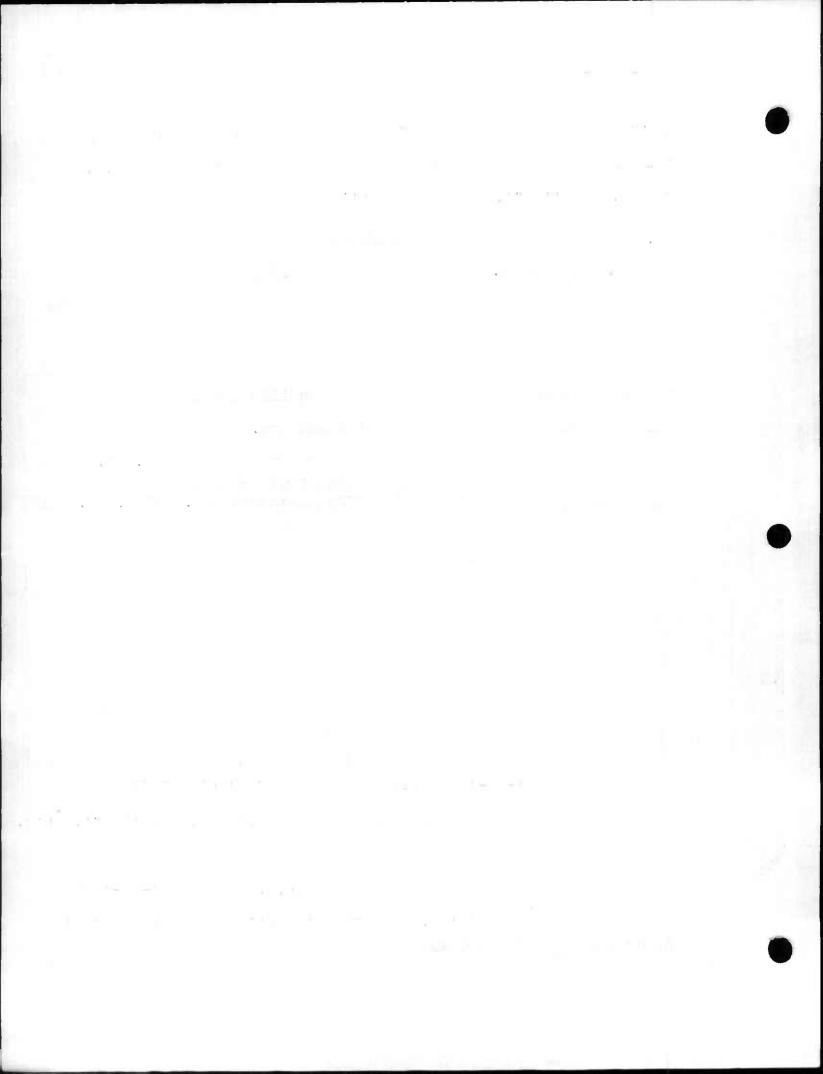
92 00114 92-0059-510 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH DENISE VEAR SPARROW 04 01 1992 3:02 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 9/27/64 DAYS T.S. 215-74-2500 1 M 2 F 27 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2242 W. FAYETTE ST. BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2242 W. Fayette St. 21223 12. WAS DECEDENT EVER IN U.S. TRMED FORCES? 1 YES 2 NO 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuban, Mexicen, Puerto Ricen, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc.

Specify: Black FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION early only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Rudolph Sparrow Lucille Brown BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Alice Porter 3230 Cliftmont Ave. 21213 20e METHOD OF DISPOSITION
1 D Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Western Star Cemetery 1/9/92 Balto. Md. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
Wainwright Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE lillos M. rapat Mus 2700 Edmondson Ave. Balto. Md. 21228 23. PART I. Enter the diseases, or complications that caused the demode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallura. List only one cause on each lie Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CO reaulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED! WAIL ARE F PROP COMPLETION OF CAUSE OF DEATH? WES 2 NO Sols 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one. EXAMINER? OTHER: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA ng Home 5 X Residence 6 (Other (Specify) 27. MANNER OF DEATH 284. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 01-04-1992 2:49A SUBJECT WAS STABBED 1 YES 2 X NO BY 2 Accident 20e. PLACE OF INJURY -- At home, farm, street, factory, office building, atc. (Specify) Suicide 2Mt. LOCATION (Street and Number or Rural Route Number MD . COMPLETED Suicide Sigmicide # Could not be HOME 2242 W. FAYETTE ST.BALTO 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee attend. (Check only one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner ee stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) ▶01-04-1992 O.C.M.E

111 N. PENN STREET BALTIMORE, MARYLAND 21201

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jula Davidson-Randell



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	91-0060-510						92	00115
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / OEPART	MENT OF H	EALTH AND	MENTAL HYGIEI	_	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
	YVONNE			SPARR	W	MONTH 4		2 3:02 A M
j.	070 00 0770	6. AGE (In)		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country) U.S.
	9e. FACILITY NAME (If not institution, give street	et and number)		96. CITY, TOWN O	OR LOCATION OF C		9c. COUNTY	
CTOR	RESIDENCE OF DECEDENT	ETTE STREET	r	BALTI	10RE			
DIRECTOR	Md .			timore				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	2242 W. Fayett	e St.		2	1222		17 0	
5	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U	S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	14. or No.— 14.	RACE — American Indien,
ВУ	1 X Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yee, sp	2 NO Speci	en, Puerlo Ricen, etc.)		Specify: Black
ED	15. DECEDENT'S EDUCAT (Specify only highest grade coa	TION 16	a. DECEDENT'S U	SUAL OCCUPATION	N	16b. KIND OF BL	ISINESS/INDUST	TRY
COMPLETED		College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working			
O.	17. FATHER'S NAME (First, Middle, Last)			8.	18. MOTHER'S N	AME (First, Middle, Malder	Sumama)	
BEC	Rudolph Sparrow							
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	11e Brown Route Number, City or Tox	un State Zin Cou	fal
5	Alice Porter		1					
	20gr METHOD OF DISPOSITION	20h Bi	ACE AND DATE OF	CLITTM	ont Av	e. Baltir	nore.	Md. 21213 or Town, State
	1 Buriel 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	I from State cemete						
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE We	stern	Star C	emeter	y 1/9/92	Balto	. Md.
	10 111	1.10	> A	Wain	urni oh t	Funeral	Home	
	Contra M.	Muno	night	2700	Edmon	dson Ave	nome	o. Md. 2122
	23. PART i. Enter the diseases, or conshock, or heart fellure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that caused the tonly one cause on each	Wor	enter tha mo	de of dying, aud	ch as cardiec or resp	iratory errest	Approximete interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO		V				
8								
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to death but	not resulting in	the underlying	cause given in	PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? YES 2 NO
ÿ								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	000.7			ACE OF DEATH (Ch	reck only one)		
S	1XXES 2 □ NO	OSPtTAL: Inpatient 2 ER/Outpatie	M 3 DOA 4	THER: Nursing Home	5X Residence	8 Other (Specify)		
E	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C			28d. DESCRIBE HOW	NJURY OCCURE	iD .
BY	1 Netural 5 Pending 2 Accident Investigation	01-04-199	2 2:49			SUBJECT	WASS	TABBED
	3 Suicide 8 Could not be	28e. PLACE OF INJURY -			- 11	281. LOCATION (Street		
	Momicide determined	building, atc. (Specify)	HOME			Oily or lown, State)		ST.BALTO.
W	29e. CERTIFIER						YETTE	ST.BALTO.
COMPLETED	(Check only one) CERTIFYING PHYSICIAL ONE) MEDICAL EXAMINER: C	N: To the beet of my knowledg	e, death occurred a d/or investigation, i	nt the time, date on the in my opinion, de	end place, end due ath occured at the	to the ceuse(e) end me time, date end piece, er	nner as etated, ad due to the ce	use(e) end manner ee stated.
- 0	290. BEZNATUBE AND JITLE OF CERTIFIER	361			29c. LICENSE NUI	MBER	29d DATE SIG	NED (Month, Day, Year)
BE	The Ist	Aff La	4				L &	
2	38 HAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (See D.	int)	O.C.M.I	5	01-	04-1992
	FRANKJAE	RETTIFF	11 N. I		TREET I	BALTIMORE	, MARY	LAND 21201
	JAN 06 1992	32. REGISTRAR'S SIGNATU						

4.12

entro entro entro entro entro entro entro entro entro entro entro entro entro entro entro entro entro entro en

Yearen carrier in grant series.

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1. 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
ONISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE TOTAL TENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FIXED A PARTOR: After this certificate has been signed by the attending physician and completely filled in by the five be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIEN		00110
	1. DECEDENT'S NAME (First, Middle, Last, 4. SOCIAL SECURITY NUMBER	e M. S	olli		2. DATE OF DEATH DO THE DATE OF THE DEATH OF	AY 92	3. TIME OF DEATH
	218-12-7480 9e. FACILITY NAME (If not institution, give	1 0 M 2 PF	68 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS WITHS DAYS HOURS MIN	(Month, Day, Year) 5/30/23	6. 94 Co	Maryland
TOR	Good Samaritan F		91	Baltimore	DEATH	9c. COUNTY O Balt	imore City
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland	TY Carroll		own or Location stminster			10d. INSIDE CITY LIMITS? 1 YES 2X NO
FRAL	10e. STREET AND NUMBER 708 Fairfield Ro	oad		101. ZIP CODE 211	57		States
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER WE FORCES? 1 TYES IF YES, GIVE WAR OR DA	2XXNO	13. WAS DECENDENT OF HISI If yea, specify Cuben, Mex 1 YES 2 NO Spe	ican, Puerto Ricen, etc.)	8	ACE — American Indian, lack, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 12 years	UCATION to completed) College (1-4 or 5+)	16e. DECEDENT'S USI (Give kind of work life. Do NOT use re Secretar	done during most of working tired.)	Columb		Supply
BE CO	17. FATHER'S NAME (First, Middle, Last) Leo Denny			Marie	NAME (First, Middle, Melden Hoeck		
2	19e, INFORMANT'S NAME (Type/Print) Mr. Andrew H. Sc		708 Fa	or Rumber or Rum	Westminste		21157
	20a. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Ren 4 Donation 6 Other (Specify) 21. SEGNATORE OF FUHERAL SERVICE LI	noval from State	n PLACE AND DATE OF D netery, crematory or other ake View M	lem. Park	1/7/92	cation - city of Sykesvi	Town, State
	· Jamas	& Cove	y	22. NAME AND ADORESS OF Loring Byers 8728 Liberty	Funeral Di Road Rand	allstow	
	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List offiny on a causa on as	acn lina.	entar the mode of dying, so			Approximata Interval Batween Onsat and Daath
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING	b	CONSEQUENCE OF):				
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death bu	ut not reaulting in ti	na underlying cause givan i	n Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 Me
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. PLACE OF DEATH (C	Check only one)		
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Yeer)		Nursing Home 5 Residence	6 Cher (Specify) 26d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Speci	— A1 home, farm, stree	t, lectory, affice	261 LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledge: R: On the basis of examination	edge, death occurred at n end/or investigation, in	the time, date end piece, end do my opinion, death occured at th	ue to the ceuse(e) end meni ne time, date and place, end	ner ee stated. I due to the ceus	e(e) end manner ee stated.
TO BE	29b. SIGNATURE AND TIPED OF CERTIFIED	bound 1	40	29c. LICENSE N	UMBER	29d. DATE SIGN	ED (Month, Day, Year)
	B1. DATE FILED (Month, Day, than)	amolita,	~ Hos	pital, 560	1 Lock	Rova	- Blud
	JAN 06 1992	Juna Davidson	Randall				

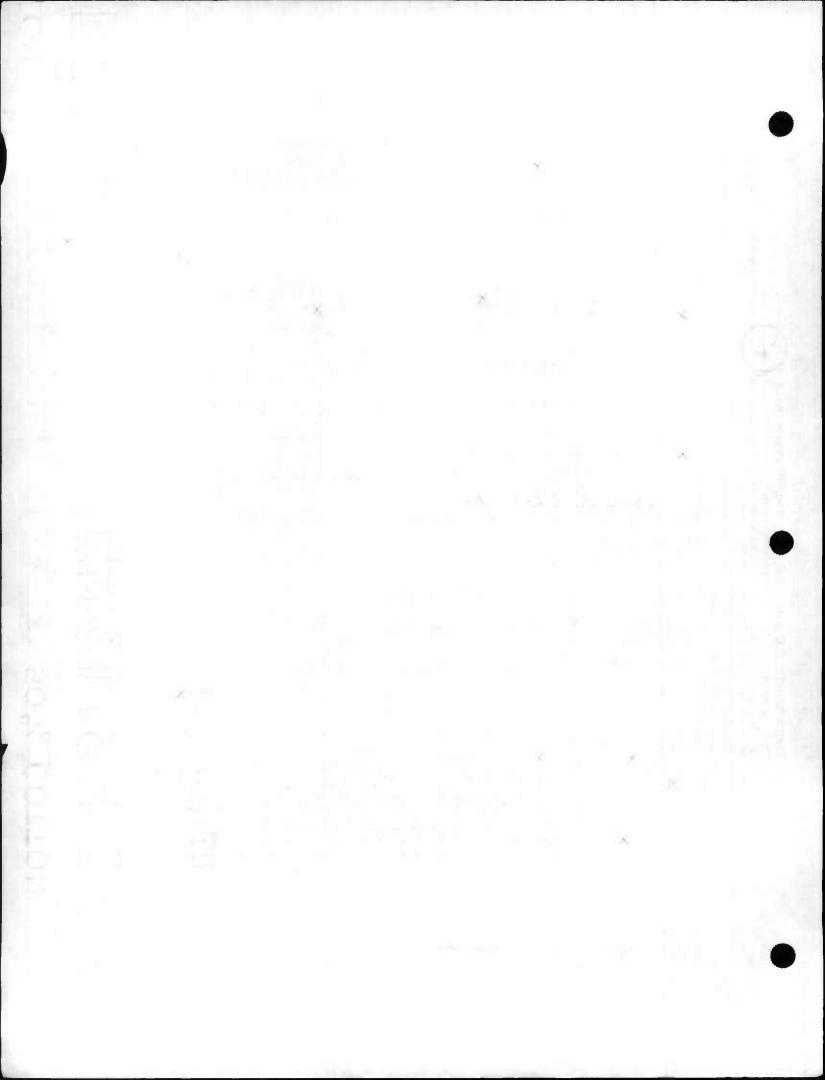
BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR	STATE OF MARYLAN	CERTIFICA	ATE OF I	DEATH	1	REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH DAY			3. TIME OF DEATH
Gordon F. S	Slaughter				MONTH 1	1	1992	EAR	2100
		1404	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. OATE OF (Month, D	ay, Year)		BIRTHP Country)	LACE (State or Foreign
214-16-8097 1 9a. FACILITY NAME (If not institution, give stree	M 2 □ F 69	YRS.		LOCATION OF OE		18, 192	22 M		land
Union Memorial				timore					
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TO	OWN OR LOCATIO	ON .					10d. INSIDE CITY
Maryland Balt	cimore		wson						LIMITS?
10e. STREET AND NUMBER			10f.	ZIP CODE			10g. CITIZEN	OF W	NAT COUNTRY?
1518 Dellsway R				21204	100			S.	Α.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES	2 NO		NOENT OF HISPAN city Cuban, Maxicar 2 NO Specify	, Puerto Rici		or No.— 14.		- American Indian, White, atc. White
15. OECEDENT'S EDUCAT (Specify only highest grade col	FION 16	ia. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATION	N t of working	16b. KI	ND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				R	ail 1	Road		
9 years		Box Car	кера	18. MOTHER'S NAI	ME (First Mick	die Meiden S	lumamo)		
George F. Slaud	ghter			Etta M			arraile)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an	d Number or Rural R			State, Zip Co	ode)	
Joan M. & Donald S.		1578 I	Dellsw	ay Road	To	wson	, MD	2	1204
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State 20b. Pt.	LACE AND DATE OF Delary, crematory or C TISON F			n1/6		ation — cm		
21. SIGNATURE OF FUNERAL SERVICE LICEN	J . A		22. NAME AND	D AODRESS OF FAC	CILITY				son, Md
23. PART I. Enter the diseases, or core ahock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition	st only one ceuse on each	ina.	8521 anter the mod		aven	B1vc c or respire	atory arrest	21:	Approximata intervel Bety
23. PART I. Entar the diseases, or cor ahock, or heart failure. Lis IMMEDIATE CAUSE (Final	mplicationa that caused th	ONSEQUENCE OF):	8521 anter the mod	Loch R	aven	B1vc c or respire	atory arrest	21:	Approximata intervel Bety
23. PART I. Enter the diseases, or corahock, or heart failure. Lie immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	8521 anter the mod rion h	Loch R de of dying, such Wy Occan Usless	aven h es cardia Cla	Blvc c or respire	d. atory arrest	21:	Approximate intervel Betwoen and D
23. PART I. Enter the diseases, or core ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):	8521 anter the mod rion h	Loch R de of dying, such Wy Occan Usless	Part I. 2	B1vc c or respire	atory arrest	21: t,	Approximate intervel Betwonset and E Solution State St
23. PART I. Enter the diseases, or cor ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): not resulting in t	8521 anter the mod rico h	Loch R de of dying, such Wy Occan Usless	Part I. 2	Blvc c or respira	atory arrest	21: t,	Approximate intervel Betwonset and D Sologo
23. PART I. Enter the diseases, or cor ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	anter the mod	Loch R de of dying, such USCOM Cause given in	Part I. 2	Blvc c or respire 44. WAS AN A PERFORM YES 2	atory arrest	21:	Approximate intervel Betwonset and D S S S S S S S S S S S S S S S S S S
23. PART I. Enter the diseases, or core ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	anter the mod	Loch R de of dying, such W O COM U Seleva II Cause given in	Part I. 2	Blvc c or respire 44. WAS AN A PERFORM YES 2	atory arrest	21:	Approximate intervel Betwonset and E Solution State St
23. PART I. Enter the diseases, or core ahock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	8521 anter the mod NiO M NiO M Language A A control of the con	Loch R Je of dying, such Je of dying, such Je of Death (Ch. Cause given in ACE OF DEATH (Ch. S 5 Residence	Part I. 2. Cother (S 28d, DESC)	B1VC c or respiration 4a. WAS AN A PERFORM VES 2)	atory arrest	21: t,	Approximate intervel Betwonset and E Conset
23. PART I. Enter the diseases, or cor ahock, or heart failure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 VES 2 NO 1 Succident Investigation 3 Suicide S Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQU	anter the mod	Loch R de of dying, such USCOM Cause given in ACE OF DEATH (Ch. R Radidence RR7 ES 2 NO	Part I. 2. Control of the cause to the caus	4a. WAS AN A PERFORM YES 2 TOWN, Street are flown, State)	AUTOPSY MED? NO JURY OCCUP and Number or	21:	Approximate intervel Betwonset and E Conset
23. PART I. Enter the diseases, or cor ahock, or heart failure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 VES 2 NO 1 Succident Investigation 3 Suicide S Could not be detarmined 29a. CERTIFIER (Check only)	DUE TO (OR AS A CO DUE TO (OR AS	ONSEQUENCE OF): ONSEQU	anter the mod	Loch R de of dying, such USCOM Cause given in ACE OF DEATH (Ch. R Radidence RR7 ES 2 NO	Part I. 2. Part I. 2. Other (S) 28d. DESC! 28t. LOCAT! City or to the cause time, data ar	4a. WAS AN A PERFORM YES 2 TOWN, Street are flown, State)	AUTOPSY MED? NO MUTUPSY MED? NO MUTUPSY OCCUP THE AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? Autopsy occup The Aut	21; tt, 24b. Reco	Approximate intervel Betwonset and D Cost an





ALLAN B. COHEN.
31. DATE FILED (Month, Day, Year)
JAN 06 1992

M.D.

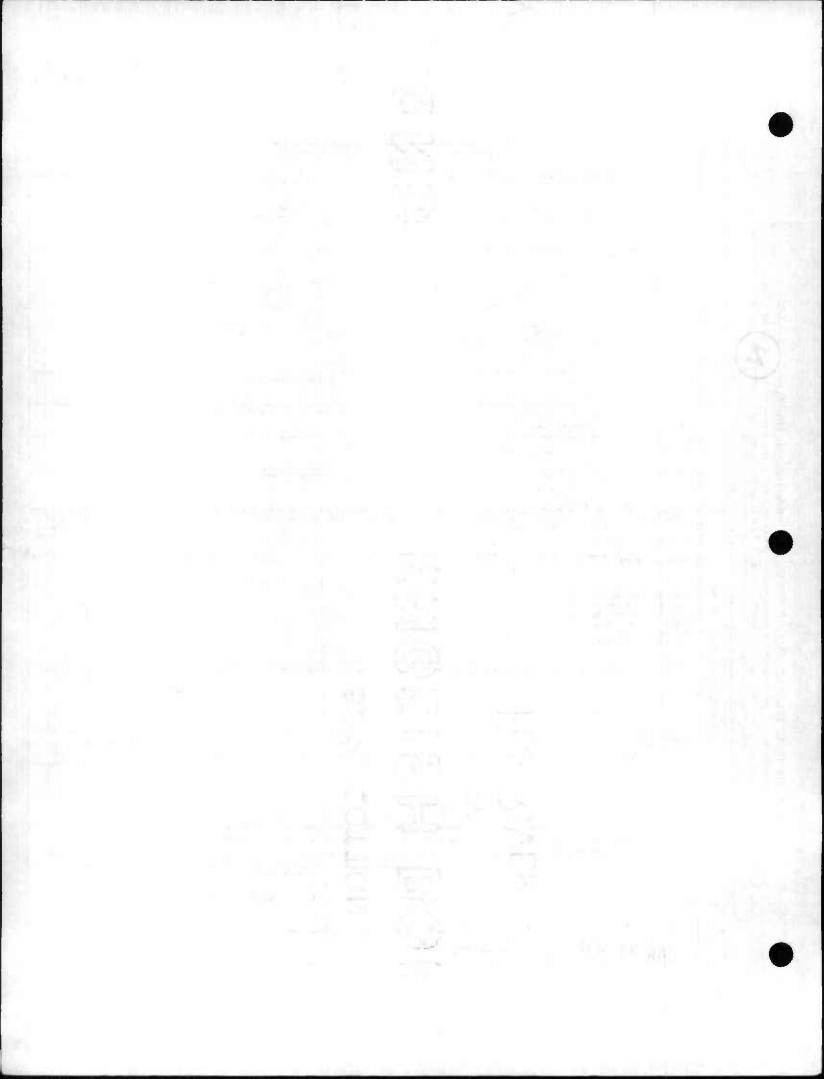
E.

32. REGISTRAR'S SIGNATURE

UNIVERSITY PARKWAY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		OLIII II	CATE OF	5-7-1111	REG. NO			3. TIME OF DEATN
	Stokes				1/02/9	YAY	YEAR	
		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		8. BIRTH	NPLACE (State or Foreign
218-05-3138	1 M 2 D F	91 yrs.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2/14/1	900	Count	PA.
9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF DI			NTY OF D	
2122 N. Wolfe	Street		Bal	timore,	_Md.			
Md.			town or Local		У			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2122 N. Wolfe	Street		10	21213			J.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	If yes, s		NIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	a or No—	Blac	E — American Indian, ik, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 4th	TION ompleted) College (1-4 or 5 +)	16e. DECEDENT'S (Give kind of w life. Do NOT use	rork done during me retired.)	ION lost of working	16b. KIND OF BU	JSINESS/INI	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)				Lula		ong		
19a. INFORMANT'S NAME (Type/Print) Lillian Stoke					Route Number, City or To			21212
					Baltimor			
20a. METHOD OF DISPOSITION TYPE Buriel 2 Cremation 3 Remov		20b. PLACE AND DATE of cemetary, crematory		N (Name	DATE 20c. L	OCATION -	City or To	own, State
				_		-		-
21. SIGNATURE OF FUNERAL SERVICE LICE		Md. Nat	ional 22. NAME /	AND ADDRESS OF FA	CILITY	urel		
	mplications that cous st only one cause on	Md. Nat	ional 22. NAME / Wm. C	March	F/H 110)] E .	NO	Approximate interval Between Onset and Dea
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or co- ahock, or heert fellure. Li iMMEDIATE CAUSE (Final disease or condition	mplications that cous st only one cause on DUE TO (OR AS	Md. Nat	ional 22. NAME / Wm . C oot enter the m	March ode of dying, aud Lenos	F/H 110)] E .	NO	Approximate interval Betwee Onset and Dea
23. PART I. Enter the diseases, or co abook, or heart feilure. Li immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	mplications that cous st only one cause on DUE TO (OR AS	Md. Nat Md. Nat Med the deeth. Do neach line. A CONSEQUENCE OF A CONSEQUENCE OF A A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	ional 22. NAME / Wm. Coot enter the m 22. NAME / Wm. Coot 23. Coot 24. Coot 25. Coot 26. Coot 27. Coot 26. Coot 27. Coot 27. Coot 28. Coot 29. Coot 20. Co	March ode of dying, auc Lenos	F/H 110 th ea cardiec or reas	N AUTOPSY PRIMED?	No reat,	Approximate interval Betwee Onset and Dear
23. PART I. Enter the diseases, or co ahock, or heert feliure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	mplications that cous st only one cause on DUE TO (OR AS	Md. Nat Md. Nat Md. Nat Md. Nat Machine.	ional 22. NAME / Wm C not enter the m 2	March ode of dying, aud /en os ing ceuse given in	Part I. 24a, WASA PERFO	N AUTOPSY PRIMED?	No reat,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
23. PART I. Enter the diseases, or co ahock, or heert feliure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other eignificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	Md. Nat Md. Nat Md. Nat Md. Nat Machine.	ional 22. NAME / Wm C out enter the m 2	March ode of dying, aud / en os ng ceuse given in PLACE OF DEATH (C) www 5 Mastdence AUUSY AT ORK? VES 2 NO	Part i. 24a, WAS A PERFC 1 YES	N AUTOPSY PRIMED?	NO Treat,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea



JAN 06 1992

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last	Sc	0#						MONTH	D	AY	YEAR 2	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218-07-4527	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE (Dev. Year)		8. BIRTHI Country	PLACE (State or Foreign		
	9e. FACILITY NAME (If not institution, give		70		9b. CITY	r, TOWN (OR LOCATIO	ON OF DEA	TH .	-3-2	9c. COUN	TY OF DE	MD		
TOR	MERCY HOSPIT	AL			Е	BALT	IMOE	RE							
DIRECTOR	100. STATE 10b. COUN		TY, TOWN								10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER				BALI		ZIP CODE		_		10a CITIZ	EN OF W	1 X YES 2 NO		
FUNERAL	1300 E. LANV	ALE ST.	APT.	506			212						.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	XXYES 2			If yes, sp		F HISPANI n, Maxican Specify:	, Puerto R	(Specify Yelican, stc.)	s or No—	14. RACE Black Specif	- American indian, , White, atc. y: BLACK		
PLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 8th	OUCATION ide completed) College (1-4 or 5 decided)		DECEDENT'S (Give kind of life. Do NOT a	work done	during mo	ON ost of workli	og	E	ALTI	SINESS/INDU MORE ATION	CI			
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAM	IE (First, N	iddle, Maiden	Surname)				
BEC	LESTER ANDRE	WS								HAL					
5	19e. INFORMANT'S NAME (Type/Print)										vn, State, Zip				
	GEORGIA SCOT	T	205 71 4					E S'					21213		
	1XXXBurial 2 Cremation 3 Re	emoval from State	of cemet	ary, cremator	y or other	place)	•	EDV							
		LICENSES) 10	ODOM		20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State of cemetary, crematory or other place) 21. SIGNATURE OF FUREFALL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY									
	23. PART f. Enter the diseases, a shock, or heart failure.				_								Approximate interval Betw		
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32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

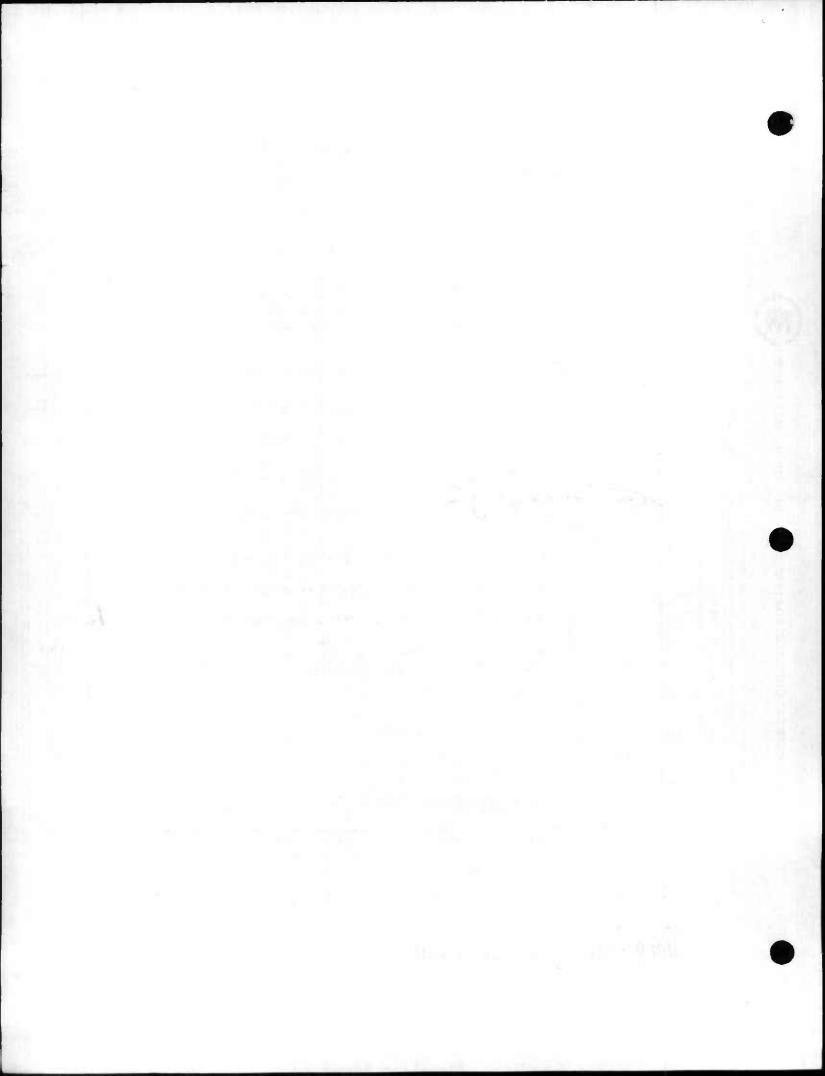
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ı
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF I	EALTH AND I	MENTAL HYGIEN REG. NO		. 00120	
	1. DECEDENT'S NAME (First, Middle, Last)	GLENN S.	SMIT	CH		2. DATE OF DEATH DO NOTH DANUARY	1, 1992	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 136-14-3364	1XXM 2 □ F 78	YRS. MO	UNDER 1 YEAR NTHS DAYS		7. DATE OF BIRTIN (Month, Day, Year) FEB. 10, 191	3 PEI	IRTNPLACE (State or Foreign ountry) NNSYLVANIA	
TOR	9a. FACILITY NAME (If not institution, give s BALTIMORE COUNTY RESIDENCE OF DECEDENT				LLSTOWN	EATH	BALTII	1.783	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	BALTIMORE	19c. CITY, To	WOODI	227			10d. INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL	100. STREET AND NUMBER 1834 COLMAR ROAD			10	ZIP CODE 212	07		OF WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1XXYES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica XX NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, alc.)	or No- 14. F	RACE — American Indian, Black, While, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re CARPENTE	done during mo tired.)	DN st of working	16b. KIND OF BUS	SINESS/INDUSTR	TY .	
COM	17. FATHER'S NAME (First, Middle, Last)		OAKI ENTE		18. MOTNER'S NA	ME (First, Middle, Maiden		V	
BE	WILLIAM GRANT SM 198. INFORMANT'S NAME (Type/Print)	ITH			MARY ST				
임	LILY M. SMITH	(WIFE)				Coute Number, City or Town		21207	
	29s_METHOD OF DISPOSITION XXBuriel 2 □ Cremation 3 □ Rame 4 □ Donation 5 □ Other (Specify)	MA	PLACE AND DATE OF D	ISPOSATION/TO	WOM FODE	ST DATE 20c. LOCY 1/6/92 0	CATION - CHY O	Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	cevez.	Le	LEROY 1630	M. & RU EDMONDSO:	SSELL C. W N AVENUE,C	ITZKE F ATONSVI	TUNERAL HOMES	
CERTIFICATION		DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF:		fretio		-	Approximats interval Between Onest and Death I how	
MEDICAL	PART II. Other significant condition Acrid Pep F	s contributing to death bu	t not resulting in th	ne underlying	cause given in	PERFOR	24b. WERE AUTOPSY PERFORMED? VES 2 NO COMPLETION DF DEATH? 1 YES 2		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)			
HYSI	1 U YES 2 LIND 27. MANNED OF DEATH	1 Impetient 2 PER/Outpet	tient 3 🗆 DOA 4 🗉		5 🗆 Rasidenca				
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	WO		28d. DESCRIBE NOW IN	JURY OCCURED		
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, alc. (Specif	At home, farm, atreaty)	t, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rui	ral Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC CHOCKLE CAMINEI	CIAN: To the best of my knowle	dge, death occurred at	the time, data my opinion, d	and place, and due	to the cause(s) and man	ner as stated.	se(s) and manner as stated.	
H H	296. SIGNATURE AND WILE OF CHOUFIER		un		29c. LICENSE NUM			NED (Month, Day, Year)	
2	AO. NAME AND ADDRESS OF PERSON WHO				7112	0	, ,,,,,	6 12-	
	DR. GLEN JOHNSON 31. DATE FILED (Month, Day, Year) . IAN 0 6 1002	32. REGISTRAR'S SIGNAT	EN CHOICE	LANE	ROOM 205	BALTIMO	ORE, MD	. 21228	
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DIRECTOR

1 - FOR STATE REGISTRAR

10a. STATE

1. DECEOENT'S NAME (First, Middle, Last)

78-46-3277

RESIDENCE OF DECEDENT

10e. STREET AND NUMBER

9a. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

ST, JOSE PH HOSP.

4. SOCIAL SECURITY NUMBER

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DALIIM	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di 2 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOA 13146,	PHYS	this with
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BY FUNERA	305 E. JOP I	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR KOYE &	DATES	If yes, spar		ANIC ORIGIN? (Specify an, Puarto Rican, atc.) ily:
ETED.	15. DECEDENT'S EDUCA (Specify only highest grade co	ornoleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done durina mos	N I of working	16b. KIND OF
COMPL	8 yrs		Waiter			Rest
BE CO	17. FATHER'S NAME (First, Middle, Last) Unknown		Stamates		18. MOTHER'S N	AME (First, Middle, Mai Unknov
TO B	19a. INFORMANT'S NAME (Type/Print) James Barnes					Harrisbu
	20a, METHOD OF DISPOSITION 1 🖾 Burtal 2 Cremation 3 Ramov 4 Donation 6 Other (Specify)	ral from Stata	other place) Parkwood (1-6
	21. SIGNATURE OF FUNERAL SERVICE LICES	NSEE		Ruck		racility n Funeral Rd. Towsor
N	Sequentially list conditions	DUE TO (OR AS	e msh	ment	nlen	mends
: MEDICAL CERTIFICATION	Sequentially list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent conditions	DUE TO JOH AN	CONSEQUENCE OF): Colm CONSEQUENCE OF): LA CONSEQUENCE OF):	gnet conce me the underlying	plen rs s testes cause given in	nd off
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PHYSICIAN: MEDICAL CERTIFI	If eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO JOH AN	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A Dut not recuiting in	28. PLI DTHER: Nursing Home OF 28c. INJU	ACE OF DEATH (Co.) 5 - Rasidence	n Part I. 24a. WAS PER 1 VE
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32. REGISTRAR'S SIGNATURE

SOTERIOS JAMES STAMATES

65

6. AGE (In yrs. last birthday)

#701

DAYS

10c. CITY, TOWN OR LOCATION

HOURS

10f. ZIP CODE

5. SEX

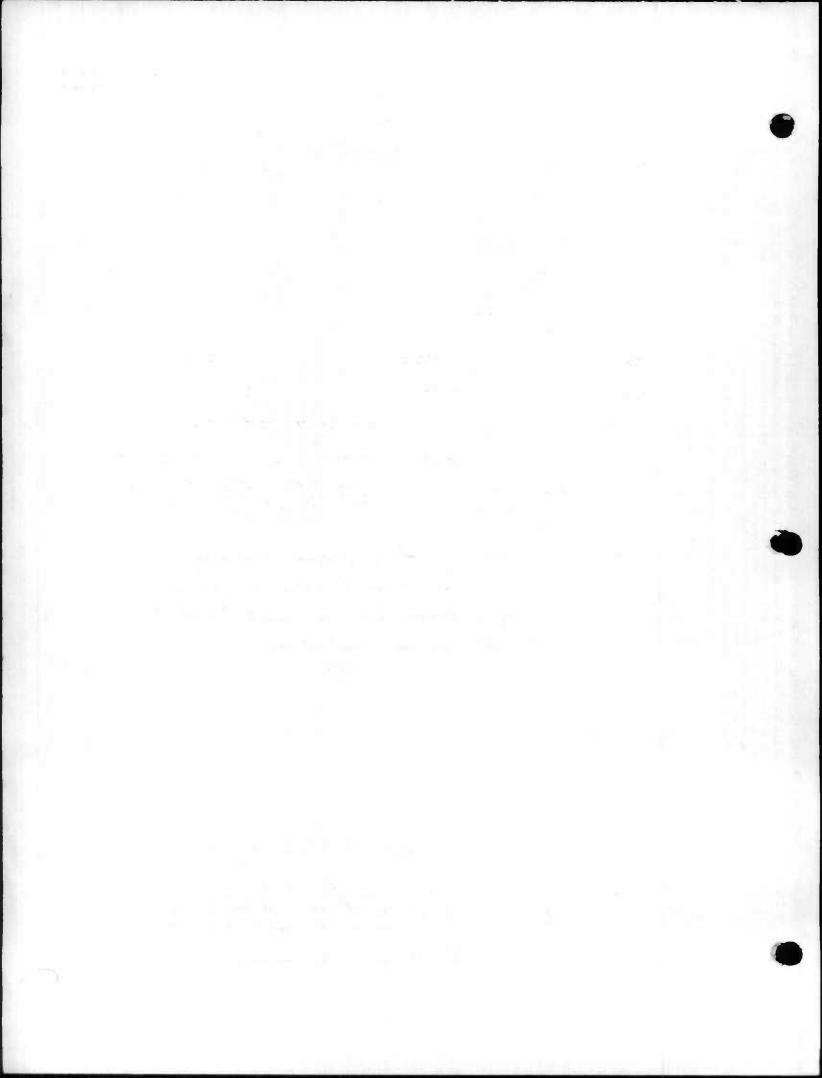
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BALTIMORE

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00121 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 3. TIME OF DEATH 2. DATE OF DEATH DAY YEAR 1:15 P 7. DATE OF BIRTH (Montly, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE BALTIMORE 10d. INSIDE CITY LIMITS? BALTIMORE 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 21204 USA 14. RACE — American Indian, Black, White, atc. Specify: WHITE BUSINESS/INDUSTRY aurant den Surname) ۷n Town, State, Zip Code) g,Pa 17109 LOCATION - City or Town, State Parkville, Md. Home, Inc. n, Md. 21204 epiretory erreet, Approximate Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AN AUTOPSY FORMED? S 2 | NO 1 [] YES 2 [] NO W INJURY OCCURED eet and Number or Rural Route Number, late) menner as stated. , end due to the cause(s) and manner as stated. 29d. OATE SIGNEO (Month, Day, Year)

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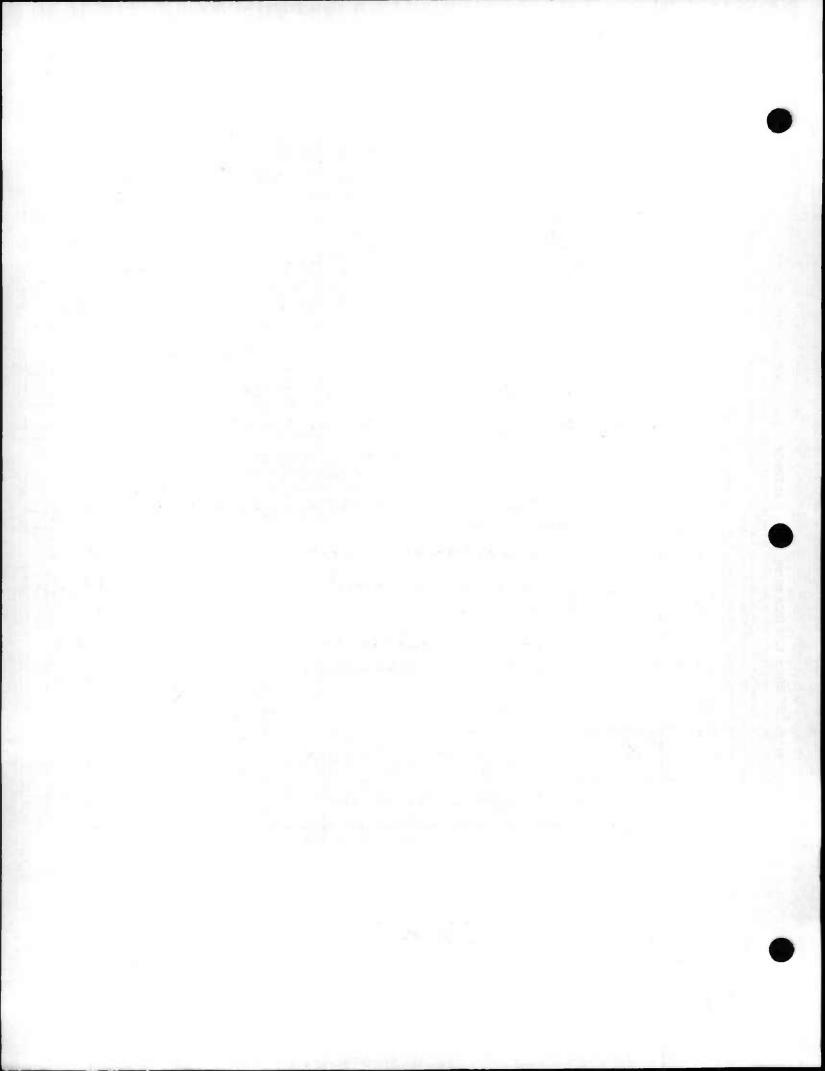
1	1. DECEDENT'S NAME (First,	4.41-4-41- 1 H			ERTIF	OAIL	<u> </u>	DEA		_	REG. N	0.		
			CK WILL S	STIEBER						2. DAT	E OF DEATH TH	2, 19	92 ^{YEAR}	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-09-9414		5. SEX	6. AGE (In yrs. le 82	yrs.	IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	(Mo	E OF BIRTH oth, Day, Year)	,1909	Count	HPLACE (State or Foreign try) Maryland
TOR	99. FACILITY NAME (If not institution, give street and number) 1339 Corbett Road Monkton 9c. COUNTY OF DEATH Baltimo													
- DIRECTOR	100. STATE Maryland	Balt:				onkto		ION						10d. INSIDE CITY LIMITS? 1 YES 2XX NO
IERAL	100. STREET AND NUMBER	ett Ro	oad				101	211					J.S.	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2553 3 Wildowed 4 Divor			IT EVER IN U.S. A YES XXX WAR OR DATES		11 11	ree, sp	city Cub	OF HISPAN en, Mexice Specify	n, Puerlo	IN? (Specify Y Rican, etc.)	ea or No—	Blac	E — American Indian, k, White, etc. iiiy: White
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BE CON	17. FATHER'S NAME (First, Mid George	H.	Stieb	er				18. MOT	HER'S NAI		Middle, Maide	Will		
5	190. INFORMANT'S NAME (Type Mrs. Susan I			19	b. MAILING	princ	Street a	nd Numbe	r or Rural F Luth	Poute Nur	ille,	wn, State, Zij Mary	code) Land	21093
	20e. METHOD OF DISPOSITION 1 Grammation 4 Donetion 5 Other (S	3 Rem		20b. PLACE cemetery, cri	ANDDATED	FDISPOSITION HET PLACE	ON (Na	me of emete	ery]	1-4-	7E 20c. L	OCATION -		wn, State ryland
	≥ 1. SIGNATURE OF FUNERAL	rce S	Brack	efr.		22. NA Ruc 105	k I	ows Ork	on Fu	uner	al Hor	Md.	2120	04
	23. PART i. Enter the dia shock, or her IMMEDIATE CAUSE (Fina disease or condition resulting in death)	iit ianure.	One cst	t caused the dise on each line	9.	ot anter th	e mod	de of dy	ing, auch	h sa ca	diac or rea	piratory an	rest,	Approximate interval Betwee Onset and Dea
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Days			
CERT	reaulting in death) LAST	L	Congus	had /	eart	tai	١٠	•						Years
N: MEDICAL	PART ii. Other aignifican	condition	a contributing to	death but not	resulting in	the Unde	rlying	cause	givan in I	Part i.	24a. WAS AI PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	FR/Outpatient 3	Прод	OTHER:		1	EATH (Che					
ву РНУ	27. MANNER OF DEATH		28e. DATE OF (Month, De	INJURY	28b. TIME INJU	RY	c. INJU	RY AT	NO NO		SCRIBE HOW	INJURY OC	CUREO	
COMPLETED B	3										loute Number,			
PLE	29e. CERTIFIER (Check only one) 1 CERTIF	YING PHYSIC	CIAN: To the beat of	my knowledge, de	ath occurred	at the time	, date	end place	, end due t	to the ca	use(a) end me	nner es atat	ed.	
NO			. On the besis of ex	amination and/or	investigation,	In my opin	lon, de	ath occur	red at the t	time, date	end plece, e	nd due to th	e ceuse(a)) end manner ea atated.



2360 W. Joppa Road, Lutherville, Maryland 21093

Christine J. Lafferman, M.D.

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N OF VITAL RECORDS, P.O. BOX 68760,	MERCHITAL NO ATTENDISC DUVCICIAN. The four requires that the death confessor he accorded with
NOISINION	TCAIDING
DIV	DD AT
	NUMBER
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	1 - STATE REGISTRAR	STATE OF N	ARYLAND /	DEPAR	RTMENT	OF HE	ALTH AND	MEN.	ITAL HYGIEN			0160
		Margare							DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1		IF UNDER 24 HR		ATE OF BIRTH Month, Day, Year)		BIRTH Count	IPLACE (State or Foreign
	212-09-5117 A	1 🗌 M 2 📉 F	81	YRS.	MONTHS	DAYS	OURS MIN		7/18/19	10		yland
-	9a. FACILITY NAME (If not institution, give a				96. CITY, 1	TOWN OR	LOCATION OF	DEATH		9c. COUNT		
DIRECTOR	208 N.Port S	t			Ba1	to.	,Md.					
E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c CIT	Y, TOWN OR	LOCATIO	M					
1 %	Md				i, iomicon	LOGATIO			ore			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101 7	D CODE	CIB	lore			1 X YES 2 NO WHAT COUNTRY?
ER	208	N.POrt	St.			10		.224	1			S.A.
FUNERAL	D. MARITAL STATUS	12. WAS DECEOENT	EVER IN U.S. AF	RMED	13, W	AS DECEN			RIGIN? (Specify Ya			- American Indian,
BY	1 Never Married 2 Married 3 XXX dowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	1111	yes, specii	ly Cuban, Mar IXI NO Sp	ican, Pu	erto Rican, atc.)		Black	white, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPRISED	16a. DE	CEDENT'S	USUAL OCC	UPATION			16b. KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+		. DO NOT U			of working					
MP	9th			НС	mema	ker				Home	е	
8	17. FATHER'S NAME (First, Middle, Last)					10	6. MOTHER'S	NAME (F	irst, Middle, Maiden	Sumame)		
띪		harles							eth _			
2	19a. INFORMANT'S NAME (Type/Print)								Number, City or Tox			
	Mildred Patt	erson							Md.			
	20a. METHOD OF DISPOSITION ** Burial 2 Cremation 3 Rame	oval from Stata	cemetery cre	metony or o	OF DISPOSITI			1		CATION — CI		
	4 Donation 5 Other (Specify)	EWSEE	Bal	timo	re C	eme	tery	1	/06 Ba	lto.	, Md	•
	A OT ME	-00							r Fune	1 T	Y	
	- Janeagiv	plan			175	27 1	Harfo	rd	Rd - Ra	1+0	Md	.21234
	23. PART I. Enter the diseases, or cashock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	OR AS A CONSECUTION	. P.	0.	na moda	of dying, s	uch as	cardiac or rasp	iratory arres	et,	Approximata Intervel Batween Oneat and Daath
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Diseasa or Injury that initiated events resulting in dasth) LAST		OR AS A CONSEC									
띩	Country of Castry Except	1										
CAL	PART II. Other significant condition	a contributing to d	feath but not r	asuiting i	n the unde	eriying ca	ause givan	in Part	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
: MEDI									1 🗌 YES 2			COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00 00 400	F OF DEATH	24				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outputlant 2		OTHER:		E OF DEATH (
H	27. MANNER OF DEATH	28a. DATE OF I		28b. TIM	7	g Homa 5 Bc. INJURY		_	Other (Specify)			
	1 Natural 5 Pending	(Month, Dey		INJ	URY	WORK?	2 🗌 NO	200.	DESCRIBE HOW I	NJUHY OCCUI	HED	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hor	me, farm, a	treet, factory			281,	LOCATION (Street a	and Number or	Rural B	oute Number
TED	4 Homicide datarmined	building, e	tc. (Specify)						City or Town, State)	The Promptor of	11010111	odio Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINES	CIAN: To the best of n	ny knowledge, dei imination and/or i	oth occurre	d at the time	, data and	place, and d	us to the	cause(a) and mar	ner as stated.	cause(a)	and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	,				29	c. LICENSE N	UMBER		29d. DATE S	IGNEO	(Month, Day, Year)
OB	M. belu	sh					10-2-	19-	21		61	
5	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM	27) (Type,	Print)	V	42					J 1
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE									
	JAN 06 1992	wie Dav	idson-Aans	dell								

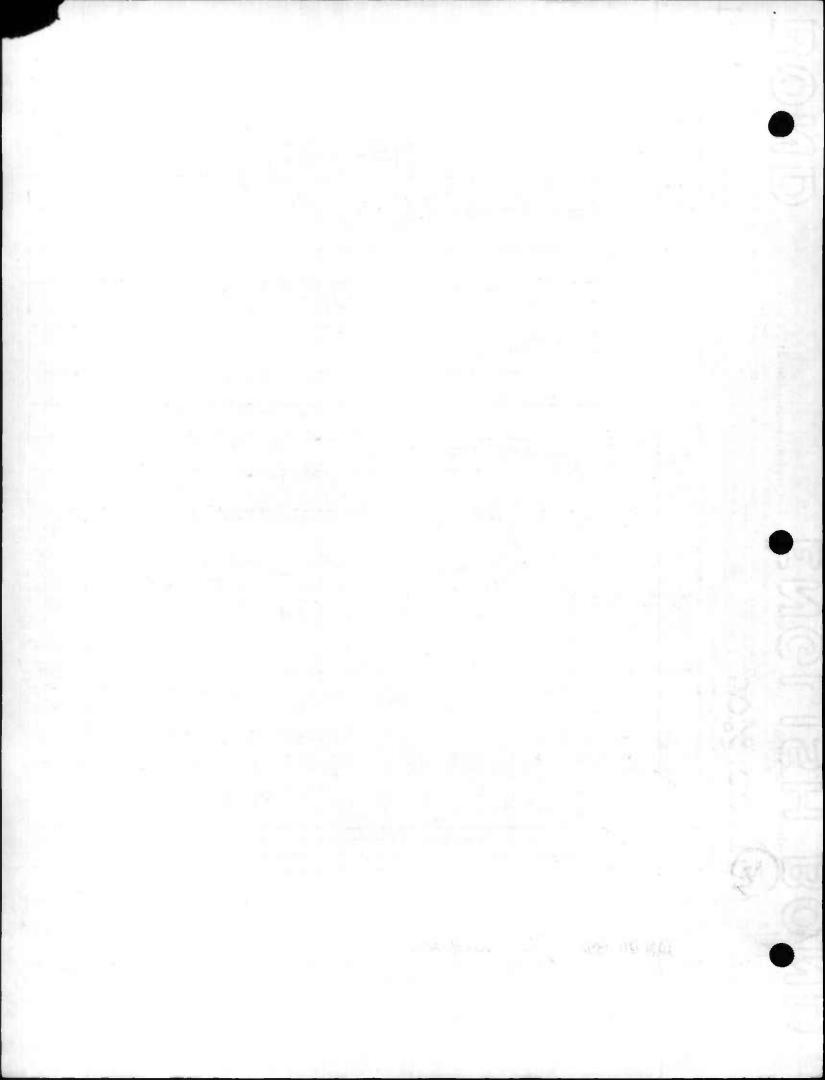


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	the death	y the atter	Injury, c
	requires that	peen signed by	shows any
	N: The law	Crate has I	Item 23
	OR ATTRIDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	The Complete of the form that the state of the attending physician and completely filled in by the funeral director, page 5 should be detached to the common that the character of Health and Montal Horison prior to high committee or removal	If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	OR ATTEN	DIRECTOR	Hem 28 Is
ú	P	R.	V

REGISTRAR 1. DECEDENT'S NAME (First, Middle,	Lestin A	0 .	CERTIFIC	AIL OI	DEATH	2. DATE OF	DEATH		1 2	TIME OF, DEATH
Annec	Marci	Ali	(Adoi	re		MONTH	2 -DAY	992	YEAR 3.	47/0 4
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF	BIRTH	18	BIRTHPLA	ICE (State or Foreign
214-03-1811	1 - W 2 X F	80	YRS.	ONTHS DAYS	HOURS MIN.	(Month, D	1 – 1 9 1	1	Marv	land
90. VACILITY NAME (If not institution	give street and number)	. ,	1/ 9	b. CITY, TOWN O	R LOCATION OF DE			9c. COUNT	Y OF DEAT	
HALTORD	Memor	1191	NOSD /	HAVICE	de	GrA	rce	HA	arto	rd
RESIDENCE OF DECEDER	OUNTY		10c. CITY, 1	TOWN OR LOCATI	ON				100	d. INSIDE CITY
Maryland			S	treet					1 (LIMITS? YES 2 NO
10e. STREET AND NUMBER		15.1			ZIP CODE			10g. CITIZE	EN OF WHA	T COUNTRY?
2304 Jerry	s Rd.				21154	_		U	I.S.A	
11. MARITAL STATUS 1 Never Married 2 Married	FOROTOR	ENT EVER IN U.S.	. ARMED		ENDENT OF HISPAI			r No— 1	4. RACE — Black, W	American Indian, hite, etc.
3 ₩Idowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 TYES	25 NO Specif	y:			Specify:	77. 3 1
15. DECEDENT		16a.	. DECEDENT'S US	SUAL OCCUPATIO	N	16b. KI	IND OF BUSI	NESS/INDU		hite
(Specify only highes Elementary/Secondary (0-12)	t grade completed) College (1-4 or :	5+)	(Give kind of work life. Do NOT use r	k done during mos etired.)	t of working					
8th			Pac	cker			Mea	t Pa	ckin	ıg
17. FATHER'S NAME (First, Middle, Li		Donde			16. MOTHER'S NA	ME (First, Mid	dle, Maiden S	urname)		
		Bender				ary _				
19a. INFORMANT'S NAME (Type/Prin				Contract of the second	nd Number or Rural	ALL THE LAND			,	
Vicki L.Lar					Rd.,S		_			
20g, METHOD OF DISPOSITION 1-5 Buriel 2 □ Cremetion 3	Removal from State	20b. PL/ of ceme	tary, crematory or	other place)	(Name emeter	OATE	20c. LOC.	ATION — CI	ity or Town,	State
4 Donation 5 Other (Specification of Specification of Spe		_	budon .	Park C	emeter	A I I A	# B	alto	., Mc	
The state of the s	OL LICENSEL									
1 (1 ()	100						Fune	ra1	Home	4
IMMEDIATE CAUSE (Finel	s, or complications to	hiltycaused the	death. Do not	Hart 7527	ley Mi Harfo	ller rd Rd	B	alto	. Mo	Approximate Interval Between Onset and Death
ahock, or heart fa	illure. List only one c	Pilal	e death. Do not line. MESCOUENCE OF:	Hart 7527	ley Mi Harfo de of dying, suc	ller rd Rd	- B c or respire	alto	. Mo	Approximate Interval Between
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shock, or heart far immediate cause in the cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Due 1	TO (OR AS A CO)	MEGUENCE OF:	Hart 7527 t enter the model	ley Mi Harfo de of dying, such Drece rato	11er rd Rd ch as cardia	ac or respir	alto	24b. WY	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
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DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

lan.	transit permit. Pages 1, 2, 3 should	
SENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should made with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ified at once.
f nours after death. Page 6 may be reti	illed in by the funeral director, page 5 s n, or removal.	VT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
leath certificate be executed within 24	NEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine to hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	y, or other traumatic event, the
ICIAN: The law requires that the d	sertificate has been signed by the state Dept. of Health and Mer	, or item 23 shows any injury, or other
SPITAL OR ATTENDING PHYS	RAL DIRECTOR: After this c	JT: If Item 28 Is marked,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

						92	00125
FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPART CERTIFIC	MENT OF H		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) MARY		NEY			2. DATE OF DEATH MONTH DAY	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 245-88-3733	6. SEX		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-23-53	6. BIRTI Count	HPLACE (State or Foreign Try) S. C
Baltimore Coursidered of December 1	unty Ge	neval Hosp	Pan Ran	dalls to	EATH 9	c. COUNTY OF I	DEATH
10a. STATE 10b. COUNT	ΤΥ	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 42 Weste	ern Wi	id Circle	101	2120°		og. CITIZEN OF	S.A
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	IT EVER IN U.S. ARMED VES 2 X NO NAR OR DATES	If yes, sp		NIC ORIGIN? (Specify Yes or an, Puarto Rican, etc.) ïy:	No— 14. RAC Blac Spec	E — American Indian, ik, White, atc. Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATION derived done during mo retired.)	ON st of working	16b. KIND OF BUSINI Blue C		x Blue Sheld
17. FATHER'S NAME (First, Middle, Last) (1) / / / ain Ma	ck			18. MOTHER'S NA	AME (First, Middle, Maiden Sur	mame)	
190. INFORMANT'S NAME (Typo/Print) Evander T	oney.	JF 42	Wester	ind Number or Rural	Route Number City or Town, S	State, Zip Gode) Ran	dallstown, md
20e. METHOD OF DISPOSITION 1 Seriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE	or other place)	et Cen#	41-7-92 F	CION - City or T	own, State Sulle, N.C
21. SIGNATURE OF PUNETAL SERVICE L	ICEMSEE /		Mar.	NO ADDRESS OF FA	H. West 300 Wa	bash	Avo.
23. PART LEnter the disease, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or candition resulting in death)	. List only one ce	at coused the death. Do no use on each line.		de of dying, suc	ch ee cardlec or reepirat	tory errest,	Approximete interval Between Onset and Death
Sequentially list conditiona, if any, leeding to immediate cause. Enter UNDERLYING	b. Due to	O (OR AS A CONSEQUENCE OF	failur	e			
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C.	O (OR AS A CONSEQUENCE OF	: :	perita	to borr		
PART II. Other eignificant condition	ona contributing to	o deeth but not resulting in	n the underlyin	g cause given in	Part i. 24s. WAS AN AU PERFORME	ED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS

PART II

1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF GEATH	(Check only one)
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		THER: Nursing Home 5 Residen	ice 6 🗆 Other (Specify)
27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DEȘCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not b	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, 1erm, stree	et, factory, offica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

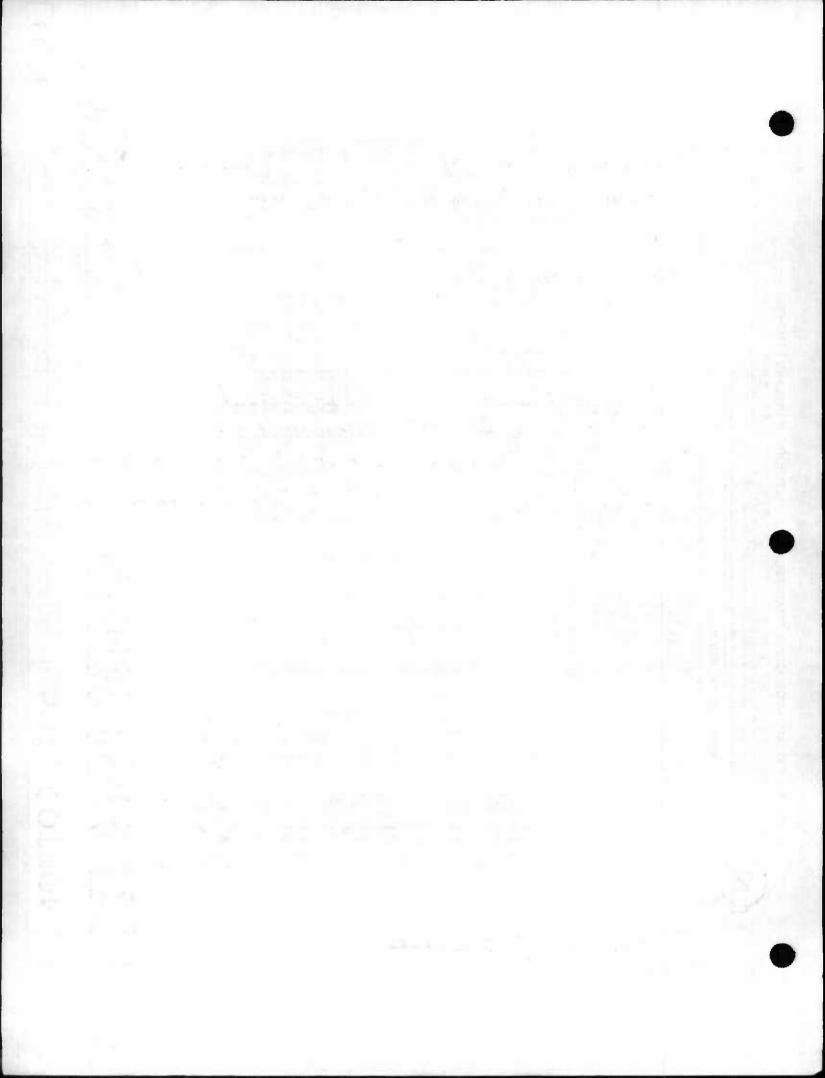
29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
one)	

96. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
N . 111	N.N	Dillilac	N III

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

						* **
JURGE	MUJICA	M-D-	BALTIMORE	COUNTY	GENERAL	HOUP.

31. DATE FILED (Month, Pey, (ber)



burna transit permit. Pages 1, 2, 3 should DIRECTOR HOWARD COUNTY GENERAL HOSPITAL COLUMBIA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION PENNSYLVANIA LYCOMING WILLIAMSPORT FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 720 MAPLE STREET 17701 o physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF H 1 Never Married 2 Married If yes, specify Cubi IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOME MAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER BALTIMORE, MARYLA **JOHN** ALLEN E 丟 Ħ NET BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or 0 MIRIAM PORTER (DAUGHTER) 743 PARK AVENUE after death. Page 6 may be pe 20a_METHOD OF DISPDSITION
1. Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must WILDWOOD CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS LEROY & RUSSELL 5555 TWIN KNOLI by the fermoval. medical filled in by 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying shock, or heart failure. List only one ceuee on each line. IMMEDIATE CAUSE (Final the disease or condition cremation. Centoro Vaquelan attending physician and completely intal Hygiene prior to burial, crematic HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO-(OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequantially liet conditions. DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE DF): that initiated eventa reaulting in deeth) LAST 0 signed by the atter Health and Mental shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause give MEDICAL s certificate has been sin the State Dept. of Hi d, or Item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATI HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Reside L DIRECTOR: After this cert? hours after death with the 27. MANNER DF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide PLACE DF INJURY — At home, larm, street, factory, office building, atc. (Specify) 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If item 2: 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occured a 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c, LICENSE 1) 5 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10840 32. REGISTRAR'S SIGNATURE

12. DEVIDENCE PROPERTY OF THE PROPE

1992

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) MIRIAM

9a. FACILITY NAME (If not institution, give street a

4 SOCIAL SECURITY NUMBER

220-07-0713

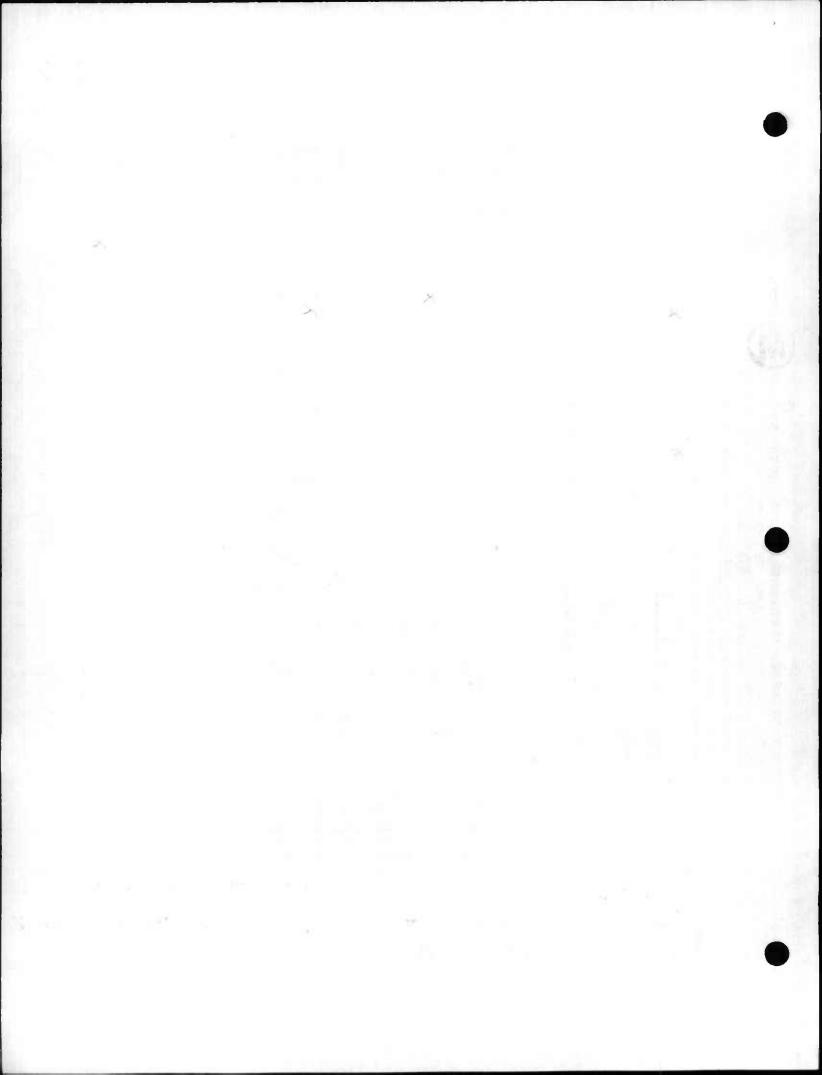
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5. SEX

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CHORNTO	N					2. DAT	REG. NO	/3/9:	YEAR	3. TIME OF DEATH
EX / 6	. AGE (In yrs. I	ast birthday)		ER 1 YEAR	IF UNDER 24 HRS		E OF BIRTH	1 7	8. BIRTI	HPLACE (State or Foreign
M 2XXF	86	YRS.	MONTHS	DAYS	HOURS MIN.	MA	RCH '9" 1	905	NEW	YORK STAT
d number!	TMAT		1		OR LOCATION OF	DEATH			NTY OF E	ç
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MTNG				OR LOCA						10d. INSIDE CITY LIMITS?
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PRCES? 1 YES, GIVE WAR	YES 2	MO		If yes, sp	ecify Cuban, Max	can, Puarto	Rican, etc.)		Blac	k, White, etc.
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ed)	(ECEDENT'S Give kind of v e. Do NOT us	work done	a dissina ma	ON ost of working	16	b. KIND OF BUS	SINESS/INC	USTRY	
ge (1-4 or 5+)		HOME :	MAKE	ER			OWN	HOME		
					18. MOTHER'S	AME (First,	Middle, Maiden	Surname)		
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GHTER)					and Number or Run					
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FOR STATE REGISTRAR

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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the first with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	2
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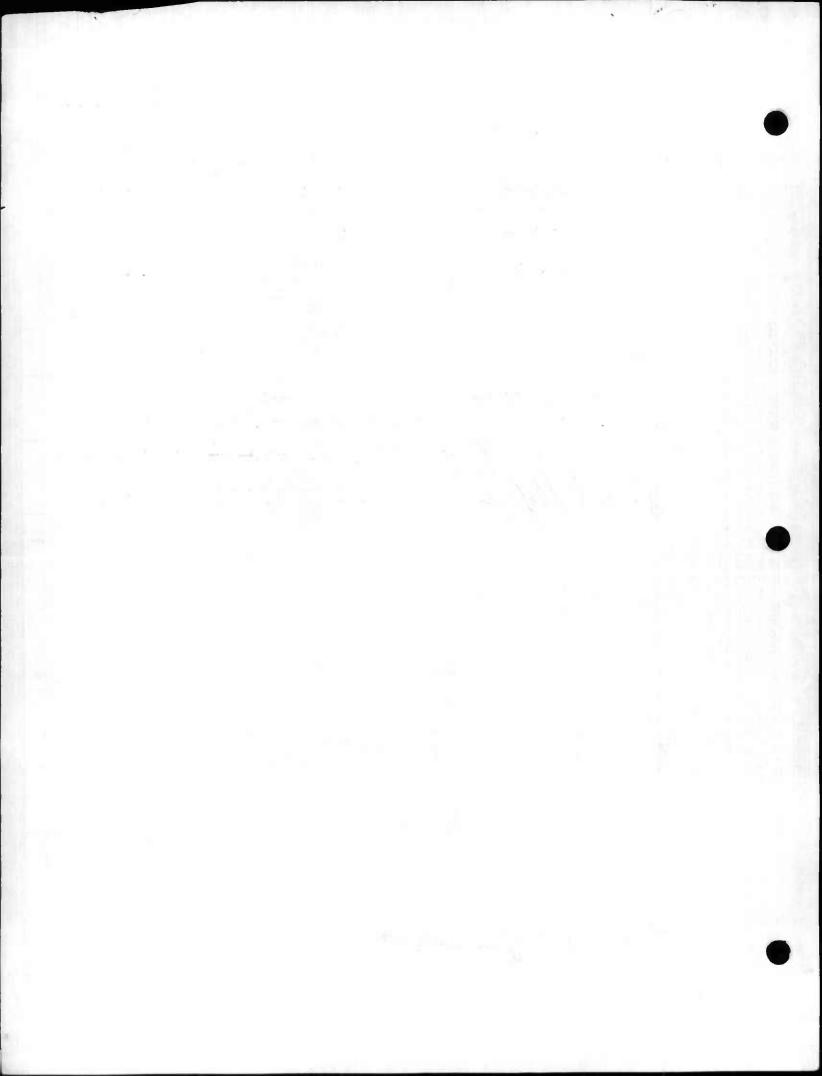
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH BARBARA S. VOGLE HMUNYY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Month, Day, Year 1933 RTHPLACE (State or Foreign 220-32-3793 Maryland 1 M 2 F YRS. 9e. FACILITY NAME (If not institution, give street and number 2503 Garsden Court 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Phoenix DIRECTOR permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Maryland Baltimore Phoenix FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2503 Garsden Court 21131 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY Willowed 4 Divorced 1 YES 2 X NO White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) Owner 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) 12 College (1-4 or 5+) Antique Dealer once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) notified at Dorsey Shipley BE Bessie 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
21 W. Susquehanna Ave. Towson, Maryland 21204 2 Thomas G. Bodie ê 20b. PLACE AND DATE OF DISPOSITION (Name of Durancy) Washing Mem. Gards. 20c. LOCATION — City or Town, State
Timonium, Maryland must Cremetion 3 | Res 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. make 1050 York Road, Towson, Md. 21204 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition 000 Menoulde event. reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Enter UNDERLYING or other CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY PERFORMED? 24b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 - YES 2 - W 1 YES 2 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINED? OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY marked, 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Louicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide determined COMPLET 29s. CERTIFIER 1 CERTIFYING PRYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the Basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and man BE 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.







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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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At FENDING PHYSICIAN, THE LAW REQUIRES THAT THE DESTRICTED BE RECUISED WITHIN 24 HOURS STREE GEATH. Page 6 may be retained by the hospital or attending physician.	ICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transh is after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	1.28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
200	fter th	mark
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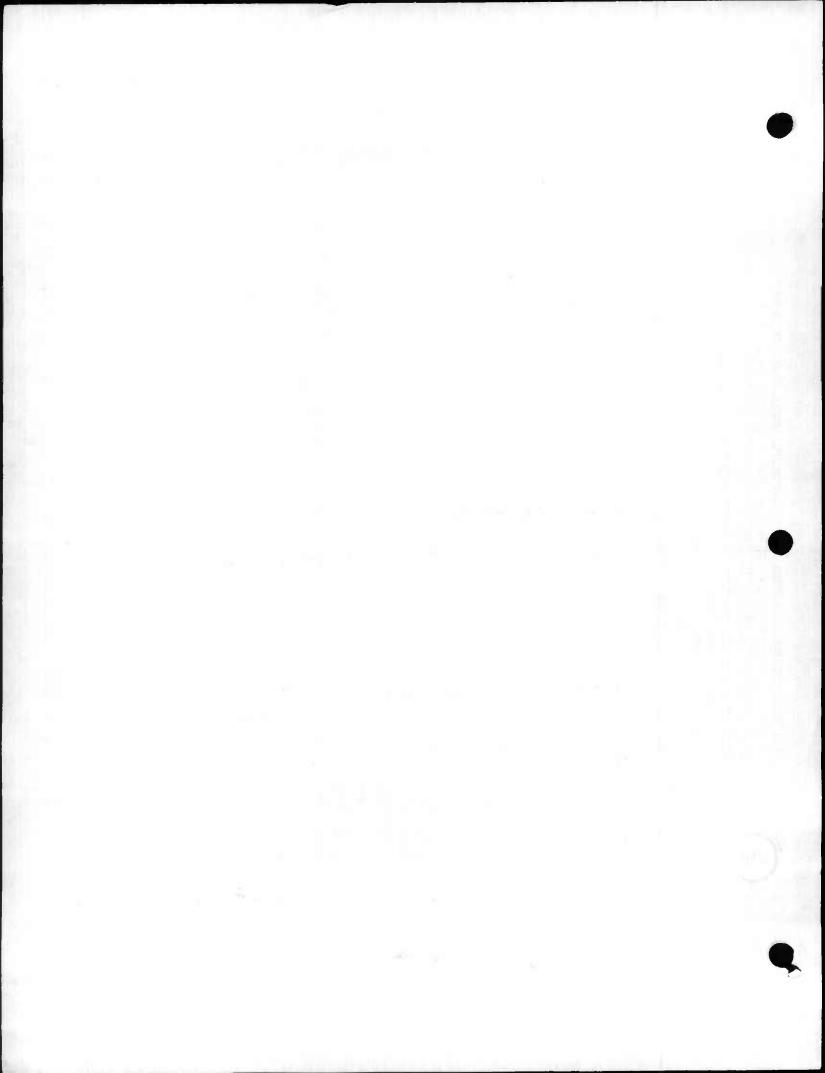
92 00128 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 1997EAR Genaldine E. Wheeler 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 579-54-9311 1 M 2 F DAYS 49 8-2-1942 D.C. 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH 2911 Boarman Avenue DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md / Baltimore 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2911 Boarman Avenue USA 21215 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced B1ack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Second ndery (0-12) College (1-4 or 5 +) 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Bernard Brown BE Lillian Butler 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Raymond Wheeler 2911 Boarman Avenue Baltimore, Md 21215 . METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 1 Nonetice 1 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Donation 5 Other (Specify) Wood Tawn Cenetery 1/7/92 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseesea, or complicatione that ceused the death. Do not enter the mode of dying, such ea cerdiac or respiratory erreat, Approximate ehock, or heert failure. List only one ceuee on eech line. Intervel Between **IMMEDIATE CAUSE (Final** Oneet end Death War corcinous disease pr condition recuiting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Day to Mosos tolla 1 YES 2 NO Corcinon 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 - YES 2 00 ng Home Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES BY 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1) OSSTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner se stated. 29e. CERTIFIER 2 [MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29d. DATE SINED (Month, Day, Year) BE 29c. LICENSE NUMBER

2 Julia Davidson-Randalla

WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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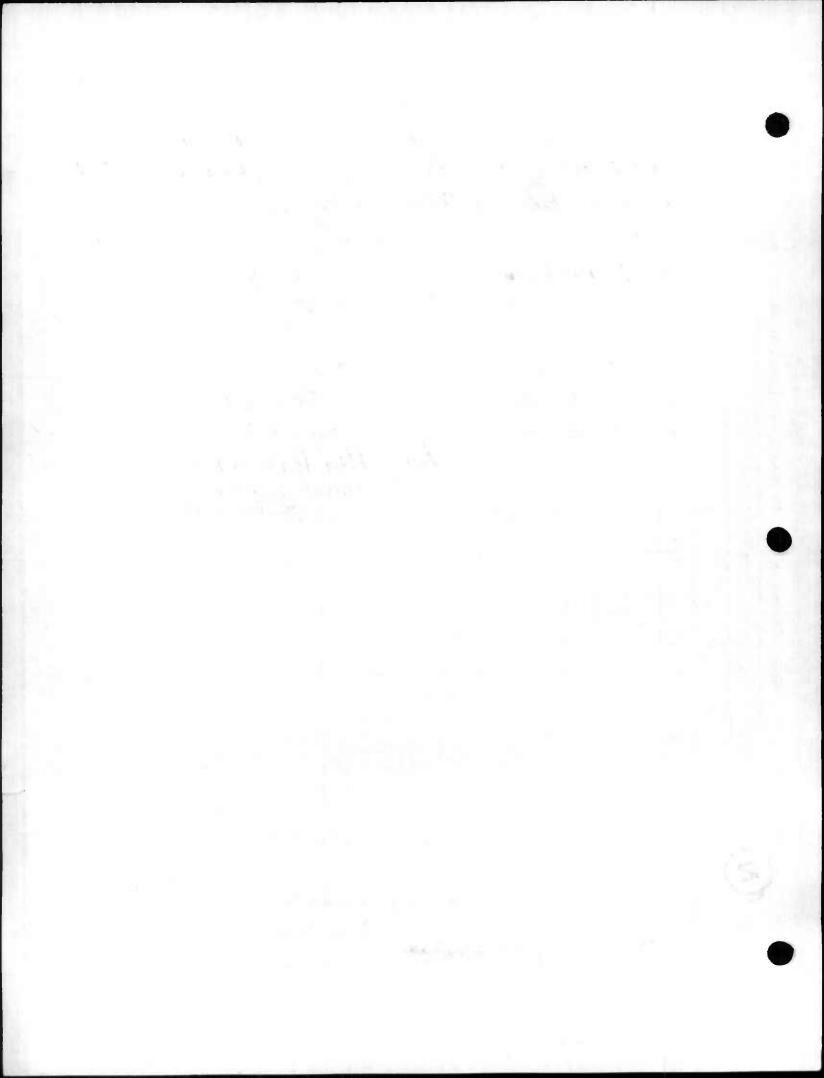
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1992

1932, REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, Last)	. 1			OF DE			OF DEATH		3. TIME OF DEATH
	ROSALI	EM WARRING	TON				MONTE	DAY	92	2:10 F
	4. SOCIAL SECURITY NUMBER 218-16-1607		yrs. lest birthday) YRS.	IF UNDER 1	YEAR IF UND	ER 24 HRS.	7. DATE	OF BIRTH	Cou	THPLACE (State or Foreigntry)
_	9a. FACILITY NAME (If not institution, give si	reet and number)	,	9b. CITY, 1	OWN OR LOCA	TION OF D	EATH	70 01	COUNTY OF	DEATH
DE.	RESIDENCE OF DECEDENT	ledicul Ce	ntu	Ba	Ho					
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR	1					10d. INSIDE CITY
AL D	10e. STREET AND NUMBER			pa 17	101. ZIP CO	nne .	_	100	CITIZEN O	1 YES 2 NO
FUNER/	MOI N. Arti	gton				2/2/	7	104	U	·SA
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	Y2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	H	S DECENDENT res, specify Cu YES 2 N	ban, Mexico	n, Puerto F	? (Specify Yee or Noticen, etc.)	Bi	CE — American Indian, ack, Whita, etc.
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 11	Ba. DECEOENT'S	work done du	UPATION ring most of wor	kina	16b.	KIND OF BUSINES	S/INDUSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT us	se retired.)	tress					
BE CO	Samuel Hu	28			18. MC	THER'S NA	ME (First, N	Hurd	me)	
2	19a. INFORMANT'S NAME (Type/Print)	7.00	19b. MAILING	ADDRESS (Reed and Numb	or or Rural	Route Numb	er, City or Town Sta	re, Zip Code)	4/7/27
	20a. METHOD OF DISPOSITION 1	20h Bi	ACE/AND DATE		ON (Name of	2.17	DATE	20c. LOCATIO	IN — City or	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	14.9	22.,N/	ME AND ADDE	ESS OF FA	CILITY	14 Kar	aal	13 100 12,1
-	1 Tala 1	narch		1		43	00	wabas	ch t	tue
	23. PART I. Entar the diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lat only one cause on each	n ilna.	7	a moda or d	ying, suc	h aa card	lac or respirator	y arrest,	Approximate Interval Bette Onset and D
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO		N 13	mez	١				
RTIFIC		l								_ i
L CERTIFICATION	PART II. Other algnificant conditions	contributing to death but	not reaulting i	in the unde	riying cause	given in	Part i.	24a, WAS AN AUTO	PSY 2	III. WERE ALTOPSY EINO
A	PART II. Other aignificant conditions	a contributing to death but	not reaulting (in the unde	erlying cause	given in	Part i.	24a. WAS AN AUTO PERFORMED? 1 YES 2 N		AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
MEDICAL	- Hyperin	contributing to death but	not reaulting I	in the unde				PERFORMED?		COMPLETION OF CAU
MEDICAL	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	28. PLACE OF	DEATH (Ch	eck only one	PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1	ont 3 DOA	OTHER: 4 Nursin		DEATH (Ch	eck only one	PERFORMED?	0	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: Unpatient 2 ER/Outpatie	ont 3 □ DOA □ 28b, TIMI	OTHER: 4 Nursin	28. PLACE OF g Home 5 II ic. INJURY AT WORK? 1 I YES 2	DEATH (Ch	eck only one 8 Other 28d. DESt	PERFORMED? 1 YES 2 N	O OCCURED	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impatient 2	28b, TIMI	OTHER: 4 Nursin E OF URY M intreet, factory	28. PLACE OF 9 Home 5 1 IC. INJURY AT WORK? 1 YES 2 , office	DEATH (Ch.	eck only one 8 Other 28d. DE\$4	PERFORMED? 1 YES 2 N (Specify) (Specify) CRIBE HOW INJURY TION (Street and Nur Town, State)	O OCCURED	AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
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3. TIME OF OEATH

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2. DATE OF CEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	8
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-	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 his

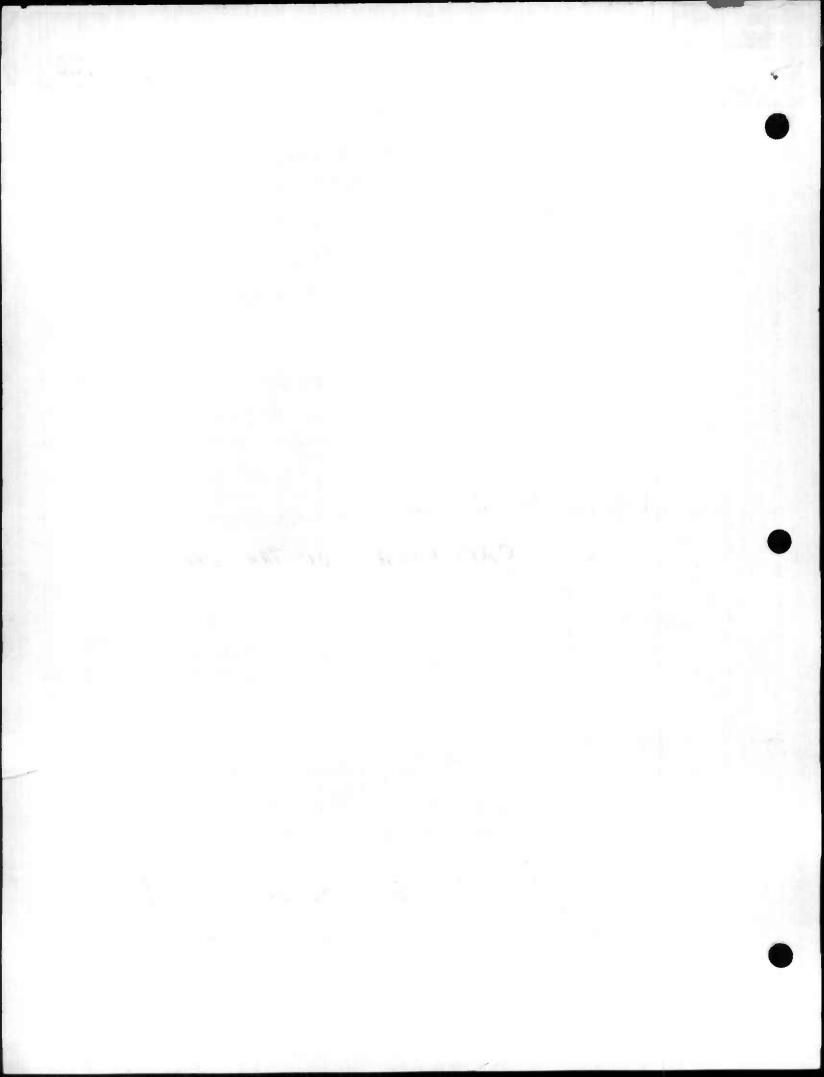
92^{YEAR} Elsie Walters Lorraine 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 M 2 XF 64 DAYS 219-10-1112 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3528 Wild Cherry Road Baltimore County Baltimore RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore County use as the burial-transit permit. 1 YES ZXX NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3528 Wild Cherry Road 21207 U.S.A. 's after death. Page 6 may be retained by the hospital or attending physician.

by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married 1 YES 2 XNO Specify: BY 3 ▼ Widowed 4 □ Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9th Housewife once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ William Walton BE Kirby Elsie notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. George Walter, Jr. 17336 Lafayette Drive Olney, MD pe 20a. METHOD OF DISPOSITION
1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 28c. LOCATION — City or Town, State must ly filled in by the funeral director, atton, or removal.

the medical examiner must Cemetery, crematory or other place)
Lake View Mem. Park 4 Donation 5 Other (Specify) 1/8/92 Sykesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 1(2 8728 Liberty Road Randallstown, MD 21133 23. PART i. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarvai Between IMMEDIATE CAUSE (Final **Onsat and Daeth** the attending physician and completely fille I Mental Hygiene prior to bunal, cremation, disease or condition CARCINOMA OF THE EAR
DUE TO (OR AS A CONSEQUENCE OF): event, reaulting in death) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. MEDICAL been signed by the pt. of Health and A 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE 1 TYES 2 NO 1 TES 2 NO has bet Dept. (PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) this c 28c. INJURY AT WORK? 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending After th BY 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 6 Could not be datermined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: / COMPLETED 4 Homicide tem 29s. CERTIFIER 1 Chack anh 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. THE PUNERAL DI filed within 72 ha TO THE PUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the besis of the mination and/or investigation, in my opinion, death occured at the time, date and place, and dus to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED Month, Day, Year) BE 29c. LICENSE NUMBER nu WD DO4749 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5400 Old Court Road Dr. Leonard Golombek Randallstown, MD 21133 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE IAN 06 1992 ine Deviden-Bondoll DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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DIVISION OF VITAL RECORDS, P.	
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TO TE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

**MENCHANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

92 00132 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) Fawley 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATN									3. TIME OF DEATN			
	Joann		erine		llen				0.1	01		9 9 2	1:01 PM
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. las		UNDER 1 YE		DER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTNI	PLACE (State or Foreign
	219-84-5		1 □ M 2/CXF	28	YRS.	HINS DA	HOU	S MIN.	47	177196	53	Mar	yland
~	9s. FACILITY NAME (If not is	nstitution, give	street and number)		98	CITY, TO	WN OR LOC	ATION OF D	EATH		9c. COU	NTY OF DE	ATH
0	North Arus	ndel	Hospita	1		Glen	Bur	nie			nne	Arı	indel Co.
EC	10a. STATE	10b. COUNT			10c. CITY, T								
DIRECTOR	Maryland						lyn,	MA					10d. INSIDE CITY LIMITS?
7	10e. STREET AND NUMBER					.0012	10f. ZIP C				Total com-		1 X YES 2 NO
E.	3602	St. M	argaret	C+			101. ZIP. C		_		l		HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	50111	12. WAS DECEDEN	T EVER IN ILS AD	MED	12 WAC	DECEMBER	2122	_	IN? (Specify Yes		USA	
	1 Never Married 2		FORCES? 1	YES 2 TH	0	If yes	s, specify Ç	ıban, Maxici	en, Puerto	Rican, etc.)	or No-	14. RACE Black,	— American Indian, White, etc.
TOXWIdowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: White									White				
COMPLETED	15. DEC	EDENT'S EDU	JCATION COMPINED	16a. DE	CEDENT'S US	JAL OCCUI	PATION		16	b. KIND OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0		College (1-4 or 5+		ve kind of work Do NOT use re	done durin tired.)	g most of wo	rking					1
A D	12th.Grad	de		I.	omema	ker				Ow	n Ho	ome	
8	17. FATNER'S NAME (First, M						16, M	OTNER'S NA	AME (First,	Middle, Malden		71110	
BE		Donni	e A.	Faw	ley			Joan	nn	К.	Pru	uitt	
2	19a. INFORMANT'S NAME (1			198						nber, City or Town			
	Mr.Donnie		awley		3602	St.	Marg	aret	St.	Balto	.Md.	212	25
	20s. METNOD OF DISPOSIT	n 3 🗆 Rem	noval from State	20b. PLACE A	ND DATE OF D	SPOSITIO	N (Name of		DA	TE 20c. LO	CATION	City or Tow	rn, State
	4 Donation 5 Offer	1-1		H011	y Hill					6 Bal	to.	Co.M	d.
	21. SIGNATURE OF FUNGHA	L SERVICE LA	CENSEE	//		22, NAM	E AND ADD	RESS OF FA	CILITY	Balto.	Md. 2	1123	0
	Var	riel	a-7	and	2	Mc	Cu11	y Fur	nera	1 Hom	e,13	30 E	.fort Ave
CERTIFICATION	disease or condition resulting in death) Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events	diata NG	b	OR AS A CONSEC	UENCE OF):	nju	nis	2					Onset and Death
E	resulting in desth) LAS	т	4										İ
	DART II Oak-e si-eldi-												
<u>₹</u>	PART II. Other aignifica	nt condition	s contributing to	desth but not re	esulting in th	e underl	ying caus	given in	Part i.	24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL										1 THES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
													TES 2 NO
ğ	05 100 0105 05550000											-	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		TOT	HER:	PLACE OF	DEATH (Ch	eck only o	ne)			
¥S.	1 X YES 2 NO		1 Inpatient 2		DOA 4	Nursing I		Residence	6 Oth	er (Specify)			
	_	Pending	28a. DATE OF I (Month, Da		28b. TIME OF INJURY		INJURY AT WORK?		28d. DE	SCRIBE HOW IN	JURY OCC	URED	
à	2 Aceldent	nvestigation		INJURY — At hor	11:41		YES 2	₩ ио	Dri	ver in	aut	o/ti	cee impact
		Could not be letermined	building, a	itc. (Specify)	ne, rarm, atreel	, ractory, o	iffica		City	OATION (Street ar or Town, State)			ute Number,
9	29e, CERTIFIER			stree					Rive	er Rd.	3/10	(m) [(W) of V.Nursery R
COMPLETED	(Check only one) 1 CERT	CAL EXAMINE	CIAN: To the best of r	ny knowledge, des emination and/or ir	th occurred at	the time, o	iate and pla n, death oc	ca, and dua cured at the	to the ca	use(s) and mann	due to the	ed. cause(a)	and manner as stated.
w II	200 SIGNATURE AND THE		10					CENSE NUM					Month, Day, Year)
m	Tal 13	1	4 n	.0									
٤	30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Type, Print)	()	C.M	H.		0.1	0.2	1992
	FRANK	.PE	25/11	E 11	1 Pan	n C	troo	- 10	01+4	m 0 = 0	M	. 1	1 21201
	31. DATE FILED (Month, Day,)	bar)	32. DEGISTRA	S SIGNATURE	1 1 2 1	II_O	rree	. D	all.	шоте	mary	v.i.an	d 21201
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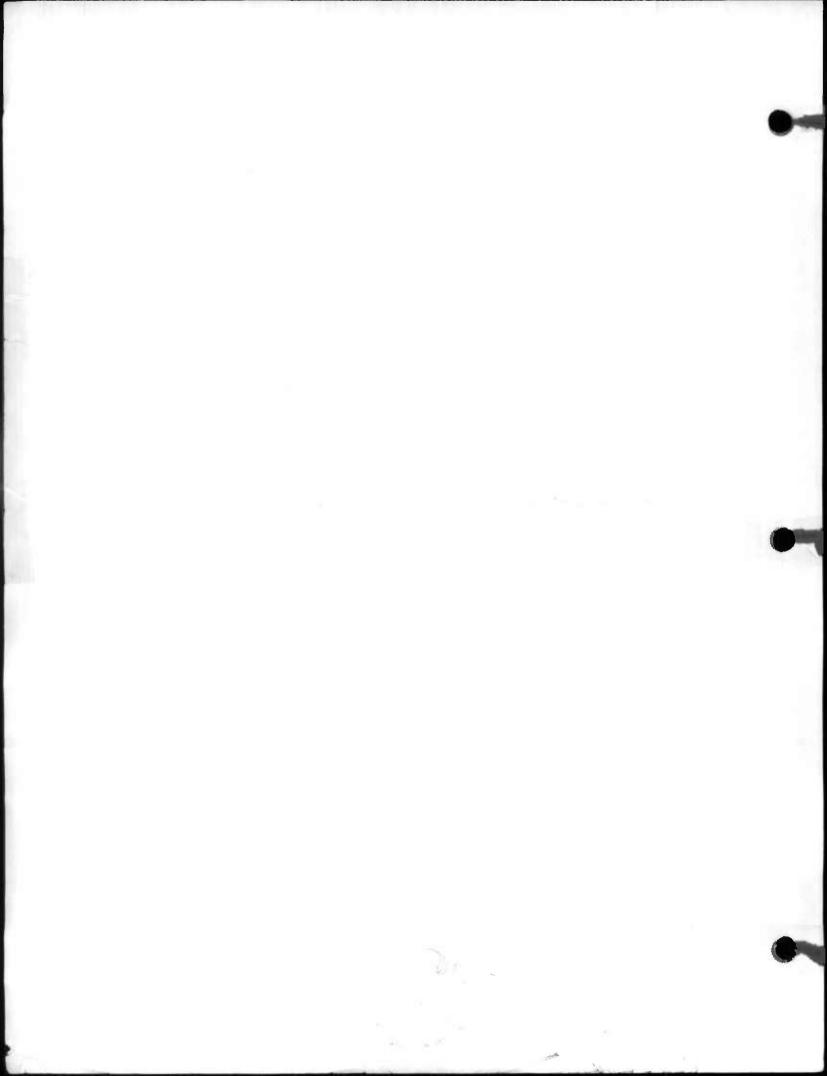
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM			NTAL HYGIEN	E	/2 00100
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH	u ues	3. TIME OF DEATH
	MADELINE	M. BERG	MANN			1 4	1992	3:20 P.M
				UNDER 1 YEAR	IF UNDER 24 HRS. 7. HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	8. Bill Co	RTHPLACE (State or Foreign untry)
	212-01-5528 9a. FACILITY NAME (If not institution, give stre	1 M 2 X F 76	YRS.		R LOCATION OF DEATI	7-20-191	9c, COUNTY OF	ryland
DIRECTOR	3302 Northway Dri	ve		Balti	nore			
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON			10d. INSIDE CITY
8	Maryland		Balt	imore				1 X YES 2 NO
AL	10e. STREET AND NUMBER				ZIP CODE			F WHAT COUNTRY?
FUNERAL	3302 Northway Driv	'e			21214		U.S.A	
J.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC cify Cuban, Maxican, F	ORIGIN? (Specify Yes Puarto Rican, etc.)	or No— 14. R.	ACE — American Indian, lack, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 X NO Specify:		Si	White
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S USI	UAL OCCUPATIO	N	16b. KIND OF BUS	SINESS/INDUSTR	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	st or working			
MP	12 Yrs.		Homemake	r				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME			
BE	Albert Essel 198. INFORMANT'S NAME (Type/Print)		105 MAILING AD	OBECC (Charles	Magdaler		Unknown	
2	Beverly A. Timchu	ıla			Rd., Bali			
	20a, METHOD OF DISPOSITION	20b	PLACE OF DISPOSITION				CATION — City o	
	1 X Buriel 2 Cremation 3 Remort	val from State	Parkwood C	emeter	1-8-9	2 Bal	to.,Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AN	D ADDRESS OF FACIL	ITY		
	Roy H. Cather Roy H. Cath	Rev)		Leonard	J. Ruck, Inc	5305 Har	ford Rd	Balto.,Md.21214
	23. PART i. Enter the diseases, or co shock, or heart feilura. L	omplications that caused	the deeth. Do not	enter the mo	de of dying, such e	s cerdiac or reep	iratory erreet,	Approximete interval Between
	IMMEDIATE CAUSE (Finel	nat only blic double bit of	don mio.	0-	4 -			Onset end Deeth
	disease or condition resulting in death)	Cora	my co	My	disea			
		OUE TO (OR AS A	CONSEQUENCE OF):					
No.	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):	& Irani	m	A. 45.6 . 3		
S	cause. Enter UNDERLYING CAUSE (Disease or injury	£						
E	thet initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION		ĺ						-
AL.	PART II. Other eignificent conditions	contributing to deeth b	ut not resulting in t	the underlying	cause given in Pa	rt i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음						_ 1 _ YES 2	. □ NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC						-		1 TYES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL			ne Di	ACE OF DEATH (Check	onti anni		
S	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	e 5 🗆 Rasidence 8			
H	27. MANNER OF DEATH	2Sa. DATE OF INJURY	2Sb. TIME C	F 28c. INJ	URY AT 2	8d. DESCRIBE HOW	NJURY OCCURE	D
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? /ES 2 NO			
ED E	3 Suicide S Could not be	2Sa. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, offic	2	8f. LOCATION (Street City or Town, State		irel Floute Number,
E								
COMPLET	one)	CIAN: To the best of my know						
	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of exemination	n and/or investigation,	in my opinion, c	02341122 02002 0 00			
BE	290. SIGNATURE AND TITLE OF CENTIFIER	WHI ms	2		D22	81	≥ / /€	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF OR	ATH (ITEM 27) (Type, Pr	int)	1.0.0	0 /	-/	-, /
	George Jabaji,		ranklin S	quare	Drive, Ro	ssville,	Md.	
1	31. DATE FILED (Month, Day, Year)	32: REGISTRAR'S SIGN						
- 1	JADI V (1997 S	Transport to the factor - 1/1	mi language					



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	REGISTRAN			HILL	CALE	DE DEP	ИН	R	EG. NO.	,		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF C				3. TIME OF DEATH
1	Patrick			R -	own			монтн () 1	04		992	11.42 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. last		IF UNDER 1 YE	AR ICHMP	ER 24 HRS.	7. DATE OF B		- 1		11:42 P M
		1 M 2 T F			MONTHS DA			(Month, Day	y, Year)		Country	γ)
	On PARK ITM ALANA M			YRS.				12-5-1	1968		NEW	YORK
~	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TO	VN OR LOCAT	TION OF DEA	ATH		9c. COU	NTY OF D	EATH
Ö	Shook Trauma O	enter			Rai	timo	70					
5												
Shook Trauma Center RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE										10d. INSIDE CITY LIMITS?		
	MD.				BA	TIMOR	E					1 X YES 2 NO
¥	10a. STREET AND NUMBER					10f. ZIP CO	DE			10g. CIT	ZEN OF W	VHAT COUNTRY?
FUNERAL	27 NORTH SMALLW	OOD STREET	Г			212	23				USA.	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	4ED	13. WAS			C ORIGIN? (Sp	anthy Van	or No. T		
	1 X Never Married 2 Married	FORCES? 1 [YES 2 TN	0	If yes	, specify Cub	an, Maxican	, Puerto Rican	, etc.)	or No-	Black	— American Indien, c, White, atc.
ВУ	3 Widowed 4 Divorced	W TES, GIVE WAY	N OR DATES		1 1 1	YES 2 XNO	Specify:				Specif BLA	CK
0	15. DECEDENT'S EDU	CATION	18a DEC	EDENTIC	USUAL OCCU	ATION		401 1000				IOR
E	(Specify only highest grade		(Giv	e kind of w Do NOT us	rork done durin	most of work	ing	IOD. KINI	D OF BUS	INESS/IND	JUSTRY	
اير	Elementary/Secondary (0-12)	College (1-4 or 5+)			RUCTI	NI LIOD	VED					
COMPLETED				ONSI	ROCII	MON MON	KEK		PSI		_	
8	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NAM	E (First, Middle	, Maiden	Sumame)		
BE						MA	RGARI	TE BRO	NWC			
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Str	et and Numbe	er or Rural Ro	oute Number, C	ity or Town	, State, Zip	Code)	
F	ROSALYN MCKENNY				TH SM							223
	20a. METHOD OF DISPOSITION				F DISPOSITIO		D 51.	DATE			City or Tox	
	1 Suriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, crem			I I Manife Oi		DATE	200. LO	ATION —	City or los	Wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	TENSER				AND ADDR						
	A(.)	1	B						FIIN	ERAT.	HOME	E. P.A.
	Charle	~ 13.	IOn	1								P.O. BOX 4433
	23. PART i. Enter the diseases, or other	complications that	auaad tha daa	th. Do n	ot anter tha	mode of dy	ring, auch	aa cardlac	or reapl	ratory arr	ast.	Approximata
	anock, or neart feitura.	List only one ceues	on eech iina.									intarvai Between
- 1	iMMEDIATE CAUSE (Final disease or condition											Onset and Daath
	reaulting in death)	a. Gunshot	Wound	Lof	neck	wit	cor	nplic	ati	ons		
		DGE 10 (O	R AS A CONSECU	JENCE OF):							
CERTIFICATION	Sequantially list conditions.	b										
Ē	if any, leading to immediate	DUE 10 (0	R AS A CONSECU	JENCE OF):							
5	cause. Entar UNDERLYING CAUSE (Disease or injury	с										
# II	that initiated evente reaulting in death) LAST	DUE TO (O	R AS A CONSEQU	JENCE OF):							
H	readiting in death) CAST	d										
	PART II Other eignificent condition	o contribution to di									_	
EDICAL	PART II. Other eignificant condition	e contributing to di	sath out not ra	aulting is	n the underl	ing cause	givan in P	art i. 24a.	WAS AN A			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ĕ								1 🛭 🖂	YES 2	□ NO		COMPLETION DF CAUSE OF DEATH?
										_		1 TES 2 NO
- 1								_				
₹	25. WAS CASE REFERRED TO MEDICAL				2(PLACE OF I	DEATH (Char	t onto one)				
S	EXAMINER? 1 Z YES 2 NO	HOSPITAL:		7	OTHER:							
PHYSICIAN: M	27. MANNER OF DEATH	1 Inpatient 2 X E			4 Nursing							
4	1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	Year)	28b. TIME INJU		INJURY AT WORK?		2ed, DESCRIB	E HOW IN	JURY OCC	CURED	
BY	2 Accident Investigation	12 08 1		100	4/11	☐ YES 2 ≸	NO C	Subje	rt o	shot		
	3 Suicide 8 Could not be	28a. PLACE OF I building, etc	NJURY — At hom	e, farm, st	reet, factory,	ffica		281. LOCATION	(Street a		or Rural Ro	oute Number,
2	4 K Homicide datarmined		Home				8	City or Tow		- 1	Sti	
۳ ا	294. CERTIFIER					100						reet
₹	(Check only one)	CIAN: To the best of m	r knowledge, deat	n occurre	d at the time,	lata and place	, and due to	the cause(a)	and men	ner aa atat	ed.	
COMPLETED	2 MEDICAL EXAMINE		nination and/or in	vestigation	i, in my opinio	1, desth occu	red at the ti	me, data and ;	place, and	due to the	e cause(a)	and menner as stated.
w II	296 SIGNATURE AND TITLE OF CERTIFIER					29c. LIC	ENSE NUMB	ER		29d. DATE	SIGNED ((Month, Day, Year)
8	full tais	111	np			0.0	. м. г			▶ 0.1	Λ.	: 1000
2 ∦	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)	10.0	o Plat	-	_	01	05	1992
							-				_	
	31. DATE FILED (Month, Day, Year)		SIGNATURE	P	enn S	rreet	, Ba	ltime	ore	Mar	vlar	nd 21201
	Frank J. Peret: 31. DATE FILED (Month, Day, Year) JAN 07 1992	32. REGISTRAR'S	bon-Hand	482								
	A- 443	AM .		-								

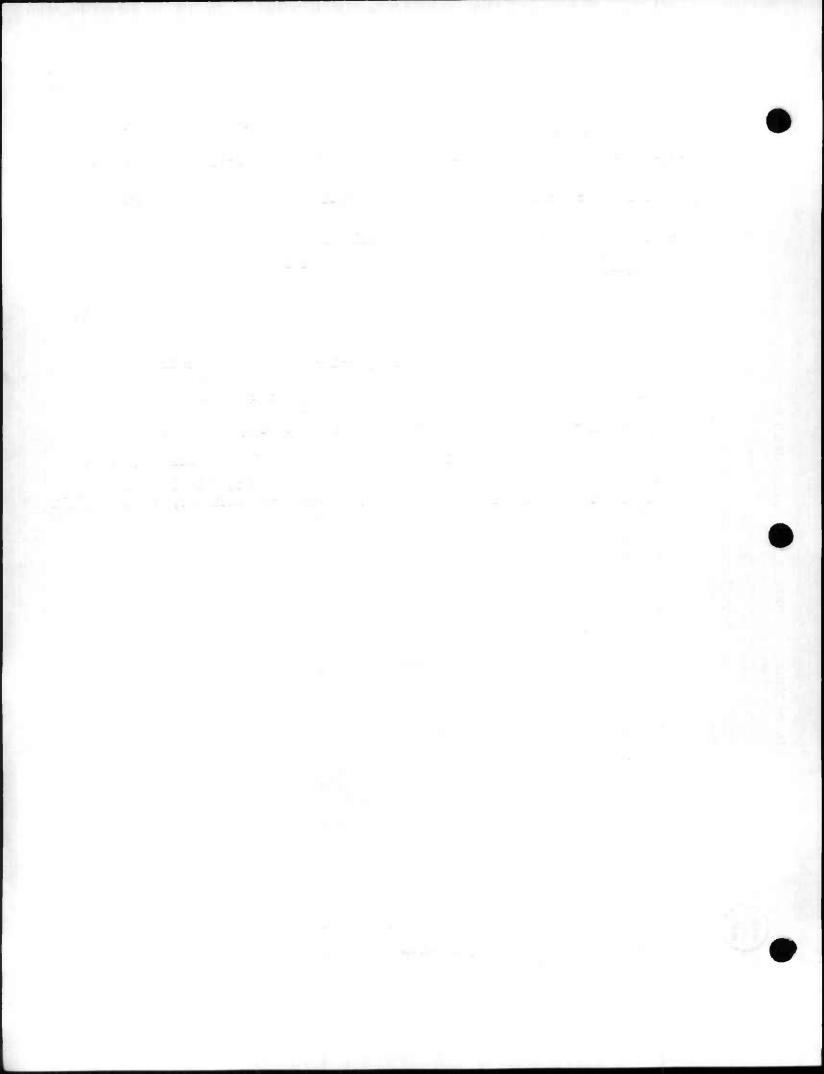
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Signed	18 3
5 7	3

ORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans	Ith and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	THE FLIVERAL DIRECTOR: After this certificate has been signed by the attending phy	I med within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	APORTANT: If item 28 is marked, or item 23 shows any injury, or other

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.				
	1. OECEDENT'S NAME (First, Middle, Last) MARIE C.	BUSHMAN				2. DATE OF DEATH	DAY	159 2	3. TIME OF OEATN 7AM M		
	213-18-6712	□ M 2 💢 F 97	yrs. last birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 4-11-94	1	Country	PLACE (State or Foreign cyland		
TOR	98. FACILITY NAME (If not institution, give street Meridian Loch Rav RESIDENCE OF DECEDENT		9ь. сіту, тоwn о Balt:	M LOCATION OF DEA	TN		sc. COUNTY OF DEATH Baltimore				
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY		
ā	Maryland N/	A	В	altimore	9				LIMITS? XXXES 2 \(\) NO		
FUNERAL DIRECTOR	604 Nachal Ave			101.	21212		SA	HAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	SYLVINO	If yes, spe	ENDENT OF NISPANIC city Cuben, Mexican, 2 200 Specify:	C ORIGIN? (Specify Puerto Ricen, etc.)	Yes or No-	14. RACE Black Specif	- American Indian, White, etc.		
COMPLETED		ON pleted) Ollege (1-4 or 5+)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use	SUAL OCCUPATIO rk done during mos retired.)	N It of working	16b. KIND OF	BUSINESS/IND	USTRY	WIII CO		
MP	17. FATNER'S NAME (First, Middle, Last)		Can	ndy Sale			tail				
00	August Bushman				18. MOTHER'S NAME	e (First, Middle, Mei cv Purze					
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street ar	INd II	3		Codel			
5	Peggy Bardelman				y Dr. 01			0000)			
	20a METNOD OF DISPOSITION 1. Burlel 2 Cremation 3 Removal	from State 20b. F	PLACE AND DATE OF	OISPOSITION (Nar	ne of	OATE 20c.	LOCATION — C		.,		
	4 Donation 5 Other (Specify)		ly Redeer			1/4 Ba	ltimor	e, M	aryland		
	Dennis Stephen	en rend	M00640	6500 Y	ork Road	Mitchell Baltimo	-Wiede	feld ryla	Home nd 21212		
	23. PART i. Enter the diseasea, or comehock, or heert feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	A THE VOS COUR TO (OR AS A CO	on line.						Approximeta Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	d										
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions co	entributing to deeth but	t not resulting in	the underlying	ceuse given in Pa	PERI	AN AUTOPSY CORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			CE OF OEATH (Check	conty one)					
IXSI		Inpetient 2 - ER/Outpet	ient 3 DOA 4		5 Residence 8	Other (Specify)					
BY PH	1 Natural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (INJUF	M 1 YE	RY AT 2 K? ES 2 NO	ed. DESCRIBE HO	W INJURY OCC	JREO			
	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY — building, atc. (Specify	- At home, farm, stre	et, tectory, office	2	81. LOCATION (Stre City or Town, Sta	et and Number o	r Rurel Ro	ute Number,		
COMPLETED	29e, CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN 2 MEDICAL EXAMINER: Or	To the best of my knowled the besis of examination e	ige, death occurred and/or investigation,	at the time, date e	nd plece, and due to ath occured at the tin	the cause(s) end r	end due to the	d. ceuse(s)	end manner as stated.		
BE	29b. SIGNATURE AND TIFLE OF CERTIFIER	Wow	M	an	29c. LICENSE NUMBI	ER D	29d. DATE	SIGNEO (Month, Day, Year)		
٥	30. NAME AND ADDRESS OF PERSON WHO CO	SAME CD			A acon	16-515	ts 2.	2	12,27		
	JAN 0 7 1992	3. REGISTRAR'S SIGNAT	Pandelle.	10000	OUG N	26-201	16 2		103/		



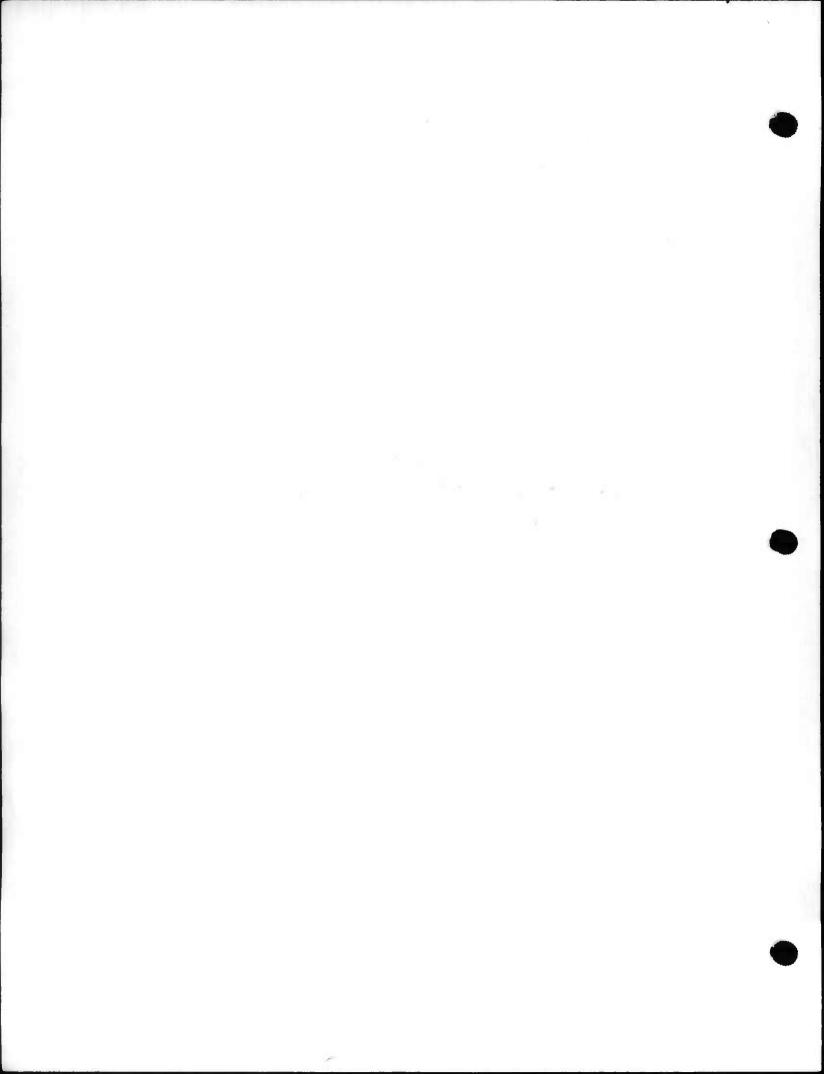
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NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\times \text{complete}\$ may be retained by the hospital or attending physician.

The part of the property of the part of the part of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the part of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be page 5 should be part of the purity of the page 5 should be page 5 should be part of the page 5 should be purity be purity by the page 5 should be part of the page 5 should be purity be purity by the page 5 should be part of the page 5 should be purity be purity by the page 5 should be purity be purity by the page 5 should be part of the page 5 should be part of the page 5 should be part of the page 5 should be part of the page 5 should be part of the page 5 should be part of the page 5 should be part of the page 5 should be part of the page 5 should be part of the page 5 should be part of the page 5 should be pag

	FOR STATE OF MARYLAND / DEPAI 1 - REGISTRAR BRUCE BOYD CERTIF	RTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH UI/UG	YEAR IN THE OW							
	BRUCE BOYD 4. SOCIAL SECURITY NOMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign							
	016-10-5209 1	MONTHS DAYS HOURS MIN.	03/19/08	MASSACHUSETTS							
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUN	9c. COUNTY OF DEATH							
DIRECTOR	FREDERICK VILLA NURSING HOME	CATONSVIL	LE	BALTIMORE							
띭	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN										
	MARYLAND (HONARD) 100. STREET AND NUMBER	ELLICOTT CITY		1 TYES 2XX NO							
RAI	9003 MANORDALE LANE	10f. ZIP CODE 21042	1.00	ZEN OF WHAT COUNTRY?							
N S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No — 14. RACE — A. P. C. C. C. C. C. C. C. C. C. C. C. C. C.										
BY F	1 Never Merried 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Olvorced	1 TYES 2 X NO Specify		Specify:							
	15. DECEDENT'S EDUCATION 16a. DECEDENT'	S USUAL OCCUPATION	16b. KIND OF BUSINESS/IND	WHITE							
COMPLET	Elementery/Secondary (0-12) College (1-4 or 5+)	·	TO DECEMBED	7.77							
MP	17. FATHER'S NAME (First, Middle, Lest)	ENGINEER ELECTRON	IC WESTINGHOUS ME (First, Middle, Malden Surname)	DE .							
	JAMES Van Wagner BOYD	MABEL	SMITH								
TO BE		O ADDRESS (Street and Number or Rural I									
	200202 (1122)	MANORDALE LANE DISTION (Name of cometery, crematory or	ELLICOTT CITY,								
	1 Burlet 2 Cremetton 3 Removal from State Other place) 4 Donallon 5 Other (Specify) LOUDON I		7/92 BALTIMO								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	SELL C WITZKE	FUNERAL HOME							
	markey Jawis		N AVE CATONSVII								
	23 PART i. Enter the diseases, or complications that coused the death. Do shock, or heart failure. List only one cause on each line.	not anter the mode of dying, suc	h as cardiac or respiratory arr	eet, Approximate interval Batween							
	IMMEDIATE CALISE (Final	1/20	Auroct	Onset end Death							
	resulting in deeth) e	pralary on:	Krrc31								
Z	Sequentially liet conditions.	pinatory Shock.		2 days.							
ATIO	if any, leading to immediate cause. Enter UNDERLYING	OF):									
IFIC OFF	CAUSE (Disease or Injury that Initiated events oue TO (OR AS A CONSEQUENCE	OF):									
CERTIFICATION	resulting in death) LAST										
AL C	PART II. Other algnificant conditions contributing to death but not resulting	in the underlying ceuse given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO							
EDIC	CHF		1 _ YES 2 NO	CDMPLETION OF CAUSE DF DEATH?							
M	Dementra.	<u> </u>	—	1 TES 2 NO							
IAN	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Ch	eck only one)								
PHYSICIAN: M	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: Nursing Home 5 - Residence	6 Other (Specify)								
PH	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. T	ME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OC	CURED							
ВУ	2 Accident Investigation 3 Suitcide 28e. PLACE OF INJURY — At home, farm	M 1 YES 2 NO	261, LOCATION (Street and Number	or Rural Route Number,							
TEC	4 Homicide determined building, etc. (Specify)		City or Town, State)								
PLE	29a. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occur	rred at the time, data and place, and due	to the cause(a) and menner as sta	led.							
COMPLETED	one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation			ne cause(a) and manner as stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	MAER 29d. DAT	E SIGNEO (Month, Day, Year)							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF, DEATH (ITEM 27) (Ty	pe, Print)	1	10/1							
	Chesley W. Yellott 1	no 8450 13	altimore	Vatract pike							
	31. DATE FILED (Month, Day, Hobr) JAN 07 1992 Julia Savidson-Randelle	Ircott CIEY	md 21043	,							
	JAN U 1 1997 June participate No. 1997			DHMH. 16 Rev 1/89							



TO TI CONTRACT OF STRENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	for use as t		
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fler death. P.	the funeral	oval.	al examine
24 nours a	y filled in by	tion, or rem	the medic
scuted within	nd completely	be fire the prior of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
ficate be exe	physician an	ne prior to t	ner trauma
e death certi	he attending	Wental Hygie	lury, or oth
uires that the	signed by the	Health and I	ws any in
The law requ	te has been	ate Dept. of	em 23 sho
ICIAN:	certifica	the Sta	or It
SING PHYS	After this c	death with	marked
ATTEND	FECTOR: /	ours after o	ет 28 is
)	INT: If It
TO T	TO T	be file	IMPORTA

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	RTMENT	OF H	IEALTH AND DEATH	MENT	AL HYGIEN	_	2	00137		
	1. DECEDENT'S NAME (First, Middle (.p.et)	Mau	rice	Ber	ichi	a		MO	TE OF DEATH	••	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-16-6209	1 🕅 M 2 🗆 F	AGE (in yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DA (Me De	conth, Day, Year)		. BIRTH	PLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital PESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Balto. City										9c. COUNTY OF DEATH			
FUNERAL DIRECTOR	Maryland 106. COUNTY	10c, CIT	v, town o Ba		more				10d. INSIDE CITY LIMITS? XX YES 2 NO					
NERAL	2849 Mayfield					100	21213					· A ·		
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? XIX IF YES, GIVE WAR Pe	VER IN U.S. ARI VES 2 N OR DATES aceti		1 1	f yes, sp	ENDENT OF HISPA selfy Cuben, Maxic 2 X NO Spec	an, Puerl	GIN? (Specify Yes to Rican, etc.)	or No 1	4. RACE Black Specif	- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Gh life.	ve kind of a Do NOT us		CUPATIO	ON st of working	1	6b. KIND OF BUS		STRY			
COMP	NA 17. FATHER'S NAME (First, Middle, Lest) Maurzzo Berich	NA ia	T	e11	er				Ban t, Middle, Meiden ta Unk	Surname)				
TO BE	198. INFORMANT'S NAME (Type/Print) Marie A. Beric	hia (Wif	e) 196	. MAILING 2849	AODRESS Ma	(Street a	nd Number or Rural	Route Nu	imber, City or Town	n, State, Zip C	ode)	d.21213		
	20e. METHOO OF DISPOSITION 1 Gurlal X Cremation 3 Remo	val trom Stata	20b. PLACE A	ND DATE (OF DISPOSI	TION/Na		0/	ATE 20c. LO	CATION CI	y or Tov			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Most S	2		S	chi	D ADDRESS OF FA	Fun						
CATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finei diseases or condition resulting in deeth) Prostote Approximata interval Between Onset end Death Due To (or as a consequence of): Metastatic Prostote Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of):													
CERTIFICATION	CAUSE (Disease pr injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL O	PART II. Other eignificant conditione	n the unc	PERFORMED? 1 VES 3 VIO						WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO					
rsicia		HOSPITAL:	/Outpetlant 3	DOA	OTHER	:	ACE OF DEATH (C/				J			
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, Y	bar)	NA	M		ES 2 NO	28d. D	ESCRIBE HOW IF	JURY OCCUI	RED			
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, etc.	Specify					Ci	DCATION (Street a by or Town, State)		Rural Ac	oute Number,		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	IAN: To the beat of my : On the basis of axemi	knowledge, dea	th occurre	n, in my op	ne, deta binion, de	and place, and due eath occured at the	to the c	ause(a) and men ita and place, and	ner sa stated. I dua to the o	eause(s)	and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2 MO					29c, LICENSE NU	MBER		29d. DATE S		Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO 201 E Univ 31. DATE FILEO (Month, Day, Year)	resity	Bon	et in	Print)	,	mel a	212	18					
	JAN 07 1992	32. REGISTRAR'S	SIGNATURE WILLIAM	and of	2									

ON OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE CENTRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the FLINDAL DIRECTOR: After this centificate has been signed by the attending physician and complete the manner of the control of the	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF M	ARYLAND /	DEPAF	RTMENT OF	HEALTH AND) MENT	AL HYGIEN	9 2 E	2 (00136	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF	ICATE O	F DEATH	2. DAT	REG. NO		EAR 3	3. TIME OF DEATH	
	JOSEPH	G.			RAUNS		01	0 1			10:50A M	
	070 66 0700	5. SEX 14 M 2 F	8. AGE (In yrs. Ia	st birthday) YRS.	MONTHS DAY		04 4 0 14			8. BIRTHPLACE (State or Foreign Country)		
	9s. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TOW	N OR LOCATION OF		_ 0, 0,	9c. COUNTY	OF DEA		
TOR	UNIVERSITY HOSPITAL					ALTIMOR		ITY		0, 52,		
DIRECTOR	MD 106. STATE Balti	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?				
FUNERAL	100. STREET AND NUMBER 6727 B Windsor Mil	1 Road				101. ZIP CODE 21207			10g. CITIZE	OF WN	YES 2 NO	
Z										USA		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	IZ. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	MED NO	It yes,	Specify Cuban, Mex (ES 2 X) NO Spe	ican, Puert	ilN? (Specify Yea o Rican, atc.)	or No— 14	Specify:		
	15. DECEDENT'S EDUCA	TION	16a. DE	CEDENT'S	USUAL OCCUPA	TION	10	Sb. KIND OF BUS	SINESS/INDUS		hite	
COMPLETED	(Specify only highest grade oc Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	work done during se retired.)	most of working			,	.,,		
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert H. Brauns,	Sr.				18. MOTHER'S		, Middle, Maiden	Sumame)			
TO E	19a. INFORMANT'S NAME (Type/Print) Patricia Brauns		19	b. MAILING	ADDRESS (Street	et and Number or Run Road Cato	nsvi	mber, City or Town	n, State, Zip Co			
	20a. METHOD OF DISPOSITION				OF DISPOSITION						0	
	1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	cemetery, cre	matory or o	ther place)		DATE 20c. LOCATION — City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISFF	Greenm	ount	Crematory 1/4/ Baltimore, Md					d		
		7 00	No			ling Ash		I cyomic	Llomo	Tm	~	
	Tules 21	dollar	NIC	will	736	Edmondso	. New	mierar	Tolle,	TIK	1000	
	23. PART i. Enter tha diseases, or cor abook, or heart feiture. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	Mul	caused tha de e on each line	5	not antar the r	node of dying, au	uch as ca	rdiac or respi	ratory arrest	,	Approximata intervel Between Oneat and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other significant conditions	n the underly	ing cause given i	n Part i.	24s. WAS AN PERFOR	MED? AVAILABLE PRIOR TO COMPLETION OF CA DF DEATH?		MILABLE PRIOR TO OMPLETION OF CAUSE				
ž												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (Check only o	one)				
SIC	WITTENED A FT HE	IOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 Residence	8 7 04	er (Specific)				
Ť	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIM	7	NJURY AT		SCRIBE HOW IN	LILIBY OCCUP	ED	TMDAGE	
B	1 Netural 5 Pending 2 Coldent Investigation	O P (Mogh, Pay,	1992	ILNI	M 1	YES XX NO	DRI	VER II	N AUT	0/A		
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, at	C. (Specify).		IGHWA!		RO	CATION (Street at CAT TOWA, State) UTE 6	48 = AN		COUNTY ARUNDEL.	
COMPLETED	29a. CERTIFIER (Check only one) 2 X XMEDICAL EXAMINER:	N: To the best of m	y knowledge, de ninstion end/or i	ath occurre	d at the time, de	ite and place, and du	e to the ca	use(a) and man	ner ee stated.			
E C	284 SEPARTIRE AND TITLE OF CERTIFIES	111	-									
TO BE	Let Title	mo				OCI			≥0 A	O :	2 1992	
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE			Print) N STRE	EET BA	ALTI	MORE.N	ARYL	AND	21201	
	JAN 07 1992 Ju	32. REGISTRAR'S	SIGNATURE	2)								

17-11 11 77-

y v

DESCRIPTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ...cuted within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sula JENEONSTANTE 31. DATE FILED (Month, Day, Year)

FOR 1 - STATE	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTAL I	HYGIENI	9 . E	2 1	10133
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ROSELLA	ROSETTA	BOYNTON		DEATH	2. DATE OF	DEATH DA		TEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-03-4266	1 🗆 M 2 💢 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH		BIRTHPL Country)	ACE (State or Foreign
99. FACILITY NAME (If not institution, give si	OSpitul	9	Bau	the hund		yeur	9c. COUNT		ГН
10a. STATE 10b. COUNTY			TOWN OR LOCA	TION	Ci	+			d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER . 3207 Kentucky		\		1. ZIP CODE 21213	- 01	i y	10g. CITIZI		YES 2 NO
11. MARITAL STATUS 1 Naver Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	ZYNO	If yes, sp	CENDENT OF HISPAN becity Cuben, Mexice 2 2 NO Specifi	n, Puerto Rica	Specify Yes an, etc.)	or No- 1	4. RACE — Black, V Specify:	American Indian, /hite, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 4th grade	CATION completed) College (1-4 or 5+) NONE	18e. DECEDENT'S US (Give kind of won life. Do NOT use n House	k done during me retired.)	ON ost of working	16b. KII	ND OF BUS	INESS/INDU	STRY	Black
17. FATHER'S NAME (First, Middle, Last) Griffin B	all			18. MOTHER'S NA Mary	Eliza	abet	h Dui		у
Eleanor Richar	dson	3207 K	centuc	ky Ave,	Bal	to, Mo	State, Zip C	1213	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	rval from State	PLACE AND DATE OF I	ch. Ce	m.	OATE		ning		sum rginia
Calin B.	Scrugg	slo.	Calv	in B. S E. Pres	crugg	St.]	Balto	D.M.	ome . 21213
23. PART I. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Renul	tha death. Do not ich ilne. Full CONSEQUENCE OF):	enter the mo	da of dying, auci	h aa cardiac	or respir	atory arrea	nt,	Approximata Interval Between Onset and Death
Sequentially llat conditiona, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other aignificant conditions	contributing to death bu	it not reaulting in t	tha underlying	g cause given in		a. WAS AN A PERFORM	IED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che					
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	PF 28c. INJ WO	e 5 Residence URY AT RK? /ES 2 NO	8 Other (Sp 28d, DESCRI	-	JURY OCCU	RED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	At home, ferm, streety)			28t. LOCATIO City or To	ON (Street an own, State)	d Number or	Rural Route	9 Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowle	dga, death occurred a	nt the time, data	and pleca, and due	to the cause(e	end mann	er as stated	: :euse(e) en	d menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1 1			29c. LICENSE NUM					onth, Day, Year)

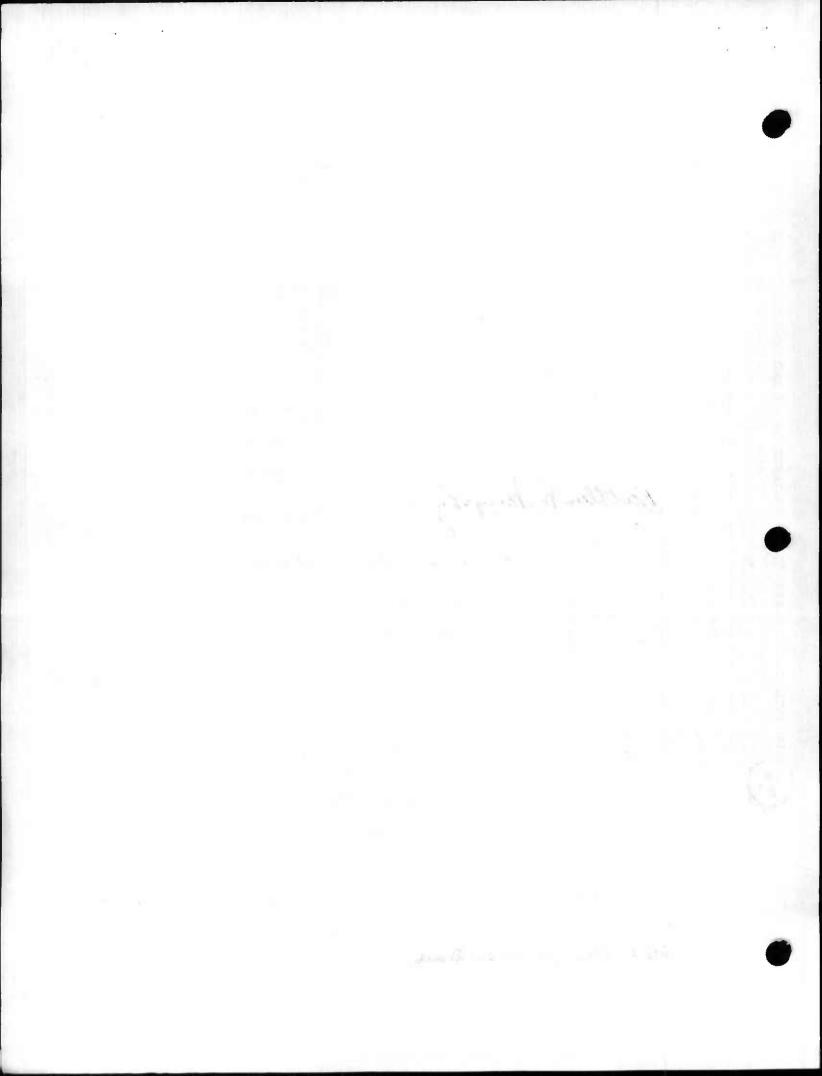
Balloun,

1 - I .

31. DATE FILED (MORTH, Day, Year)
JAN 07 1992

32. REGISTRAR'S SIGNATURE THE Davidson-Random

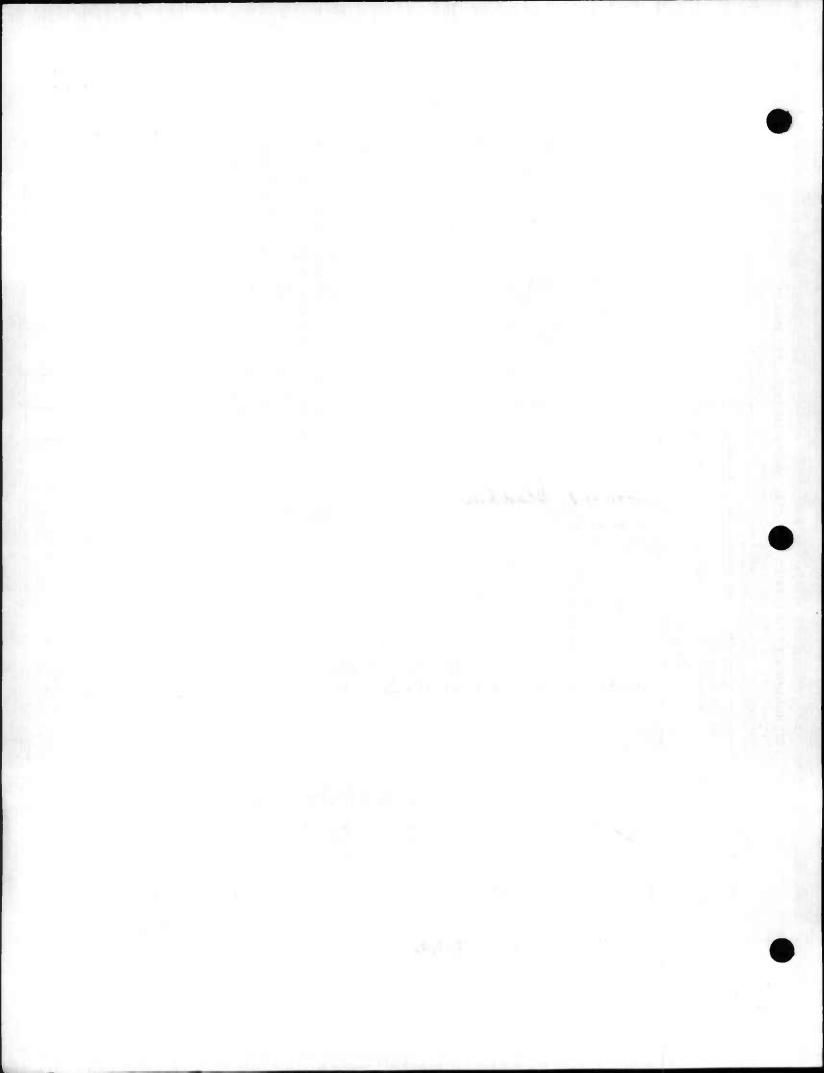
	1 - STATE REGISTRAR	SIMIE UF I	MARYLAND C	ERTIFIC				MEN	TAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last							2. D	ATE OF DEATN			3. TIME OF DEATN
	Caroline L.	Behrendt							1-4-92	DAY	YEAR	-11:55
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		F UNDER 1 Y		UNDER 24 HRS.	7 D4	TE OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	218-46-1859											rvland
	9e. FACILITY NAME (If not institution, give	street end number)		9	b. CITY, TO	WN OR LO	CATION OF D	_		9c. COUN		3
DIRECTOR	3904 Mayberry Avenue Baltimore											
l m	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY
旨	Md.	Ra	1+im/	220						LIMITS?		
A P							10g, CIT/2	EN OF	WHAT COUNTRY?			
FUNERAL	2004 Marsh army Array							5.A.				
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS	DECEND			GIN? (Specify Ye	e or No.	_	
BY F	1 Never Married 2 Merried	IF YES, GIVE Y	YES 2 A	NO	If ye	s, specify	Cuben, Mexic	an, Puer	no Rican, stc.)	556	Spec	E — American Indian, k, White, etc.
	33 Wildowed 4 Divorced										Spec	White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. DE	ECEDENT'S US live kind of work Do NOT use n	UAL OCCU	PATION or most of	workina		16b. KINO OF BU	ISINESS/INDI	JSTRY	
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+) life									
M	6th Grade			Home	Make	er						
	17. FATNER'S NAME (First, Middle, Last)					18.	MOTHER'S N	AME (Fin	st, Middle, Maidei	Surname)		
BE	Frank Griffin						Loui	_	Albers			
2	19e. INFORMANT'S NAME (Type/Print)		19						umber, City or Tox			
	DorisM. Salisbu	ry				~		alt	imore,M	d21	220	
	20e. METHOD OF DISPOSITION [○ Burlel 2 □ Cremetion 3 □ Ref	moval from State	cemetery, cre	AND DATE OF (place)			0	ATE 20c. LC	OCATION — C	ity or To	wn, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1	Tables .	Park	wood C	emete	ry			-8 Ba	1timo:	re.M	d21206
	21. SIGNATURE OF FUNERAL SERVICE D	NSEE	1		22. NAN	E AND AD	DRESS OF F	ACILITY		6415]	BE1a	ir Road
	gathlen	M. Mu	my		Johr	C.	Mille	r, I	Inc.	Balti	nore	,Md21206
	23. PART I. Inter the diseases, or shock, or heart failure.	complications tha	caused the de	eath. Do not	enter the	mode o	f dying, au	ch aa c	ardiac or reap	iratory arre	est,	Approximate
	IMMEDIATE CAUSE (Final	. List only ona cau	sa on arch line	n.								Intarval Between Onset and Daati
	disease or condition resulting in death)	. Heart	Deveni	T	to to	201	ostruct	[
	rosaning in death)	DUE TO	(OR AS A CONSE	OPENCE OF):		27 0 8	2311467	U(V)				
Z	Cassantially, link and state of	b										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF):								
2	Cause, Entar UNDERLYING CAUSE (Disease or Injury	c										
불	that initiated eventa	OUE TO	(OR AS A CONSE	OUENCE OF):								
H	readiting in death) LAST	d										
	PART II. Other significant condition	ne contributing to	death but not i	esuiting in t	ha under	lvina car	ee civen in	Part I	24s. WAS AN	AUTODON	1 0.00	WERE AUTOPSY FINDINGS
CAL	101					y mg out	oo giron ii	t dit i.	PERFO		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED									1 TYES	2 MO		OF DEATH?
≥												1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					6 PH ACE	OF DEATN (C/					
PHYSICIAN:	EXAMINER?	HOSPITAL:	ED/Outputlant 0	0	THER:							
H	27. MANNER OF DEATN	280. DATE OF		28b. TIME O		Nome 5	Residence	7		N RIEW COOL	1050	
	1 Natural 5 Pending	(Month, D	ny, Ybar)	INJUR	/	WORK?		200. 0	EŞCRIBE NOW	NJUNT OCCI	JHED	
	2 Could not be Could not be Cou											
TED	4 Homicide 6 Could not be determined	building,	etc. (Specify)		, , ,			C	ity or Town, State,)	r nurai n	oute_Number,
"	290. CERTIFIER										-	
COMPLET	(Check only	SICIAN: To the best of	my knowledge, de	ath occurred a	t the time,	date end p	place, end due	to the	cause(s) end ma	nner ee atate	d.	
0	A POPULATION OF THE PROPERTY O	ER: On the besis of ea	emination end/or	investigation, is	n my opinic	on, death o	occured at the	time, de	ate end place, er	nd due to the	ceuse(s	end menner en stated.
	man, makes amounts did											
BE C	206. SIGNATURE AND TITLE OF CENTIFIE	P.				29c.	LICENSE NU		2-1377	29d. DATE	SIGNED	(Month, Day, Year)



TO BE COMPL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANE IT item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne funeral director, page 5 should be detached full.	TO THE FUNENCE AND HEATOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 20 hours, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital

	FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART ERTIFIC	MENT OF	HEALTH AND	MENTA	L HYGIEN	IE	2 00141	
	1. DECEDENT'S NAME (First, Middle, Ellert)	John	R. Brai				2. DATE MONTO	OF DEATH	AY	year 2 5:00 P m	
	4. SOCIAL SECURITY NUMBER 212–09– 0052	1 M 2 D F	8. AGE (In yrs. last 78		IF UNDER 1 YEAR	R IF UNDER 24 HRS. 7. DATE OF BIRTH 8.				BIRTHPLACE (State or Foreign County)	
CTOR	9a. FACILITY NAME (# not institution, give st GREATER BALT] RESIDENCE OF DECEDENT		DICAL	ER	TY, TOWN OR LOCATION OF DEATH R TOWSON BALTIMO						
DIRECTOR	Md. Bal	altimore	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO				
NERAL	1108 Overbrook Road				10	21239			USA USA	EN OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO	D D	If yea, s	CENDENT OF HISP/ pecify Cuban, Mexic S 2 NO Spec	can, Puerto I	? (Specify Yearlicen, etc.)		4. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Glv life. I	EDENT'S US REMAIND OF WOOD DO NOT USE DIT MO	SUAL OCCUPATI rk done during m retired.)	ON ost of working			siness/indus		
BE CON	17. FATHER'S NAME (First, Middle, Last) William Brauer					Myrtle	Thomps	Aiddle, Malden	Surname)		
TO E	19a. INFORMANT'S NAME (Type/Print) Sedwin Brauer		19b.			and Number or Rura Road Ba				Code)	
	20a_METHOD OF DISPOSITION 1		20b. PLACE AN cemetery, crem Parkwo	ND DATE OF hetery or other	pisposition (N or place) an.8, 199					1	
	21. SIGNATURE OF FUNERAL SERVICE LIC		u			ND ADDRESS OF F					
	23. PART I. Enter the diseases, or c ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	CONGE	caused the dea e on each lina. STIVE OR AS A CONSEQU	HEAR			ch as card	lac or reapl	ratory arres	Approximate interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions DIA-6 ETE	the underlyin	g cause given k	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			THER:	ACE OF DEATH (C					
Y PHY	27. MANNER OF DEATH 1 N Netural 5 Pending	28a. DATE OF IN (Month, Day)	JURY	28b. TIME C	OF 28c. IN.	RK?	_		NJURY OCCU	RED	
	2 Accident Investigation 3 Suicide a Could not be detarmined	28a. PLACE OF building, at	INJURY — Al home c. (Specify)	e, farm, stra	at, factory, offic		28f. LOCA City o	TION (Street a or Town, State)	and Number or	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of m	y knowledge, deat	h occurred a	et the time, dete	and place, and du	a to the cause time, data	ee(a) and man	ner as stated.	cause(a) and manner as stated.	
TO BE C	230. SIGNATURE AND TITLE OF CUSTIFIER	n MP				29c. LICENSE NU	3.3/9	,	29d. DATE S	NGNED (Month, Day, Year)	
	NATHAN ROSE	ENBLUM	MD	6		N, CHI	RLE	-5	21	312	
	31. DATE FILED (Month, Day, Year)	22 REGISTRAB	S SIGNATURE						7.0		

JAN 0 6 1992



BALTIMORE, MARYLAND	urs after death. Page 6 may be retained by the ho	lled in by the funeral director, page 5 should be detact n, or removal.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink arter death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHY.	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: It Item 28 is marked

	FOR 1 - STATE REGISTRAR	STATE OF MAI		DEPARTMENT ERTIFICATI				HYGIEN REG. NO.		2	00142
	1. DECEDENT'S NAME (First, Middle, Last) RUTH LILL 4. SOCIAL SECURITY NUMBER		NETT AGE (In yrs. lass			IF UNDER 24 HRS.	2. DATE OF MONTH 7. DATE OF	3	1992	EAR 2	ME OF DEATH C:00 A M
	214-22-2433 1 M 2 X F 87 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) Marylar										
TOR	90. FACILITY NAME (If not institution, give att	PH K	fospit	IAL 96. CITY	TOWN O	SON DE	ATH		Sc. COUNTY		DOLE
DIRECTOR	Maryland Balt	imore		10c. CITY, TOWN		ON				1 🗆	INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	800 Southerly Rd	. (Edenwa	ald)			ZIP CODE			U.S.		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARI	MED 13.	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 X NO Specify	n, Puerto Ric			RACE — A Black, Whi Specify: hite	merican Indien, ite, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
TO BE COM	12 Yrs Bookbinder Optic Bindrey 17. FATHER'S NAME (First, Middle, Last) William C. Bennett Nettie J. Stuhll										
	196. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 800 Southerly Rd., Apt 1301, Towson, Md. 21204										
	20e. METHOD OF DISPOSITION 1 A Burles 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other piece) Jerusalem Lutheran Cemetery 1-6-92 Balto., Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICE ROY H. Cathel Roy Y. Ca	r	1 001 000	22.	NAME AN	D ADDRESS OF FA	CILITY				o.,Md.21214
	23. PART I. Enter the diseases, or coshock, or heart failure. L	omplications that co			r the mod	de of dylng, euc	h as cerdle	c or reep	ratory arrea	,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)										
CERTIFICATION	Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury that initieted events resulting in death) LAST	DUE to OF	AS A CONSECUTION OF AS A C	Per los	pe (neum	.onia	,			
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to de			nderlylng	g cause given in		4a. WAS AN PERFOI	RMED?	AVAI CON OF I	LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient 3	OTHE	R:	ACE OF OEATH (Ch		Sneothy)			
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	JURY	28b. TIME OF INJURY M	28c. INJ WO			* * * * * * * * * * * * * * * * * * * *	INJURY OCCUI	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, atc		me, farm, street, fac	tory, office		28f, LOCAT City or	ION (Street Town, State)	and Number or	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEOICAL EXAMINED	CIAN: To the best of my									menner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	cul	mer	D		29c. LICENSE NUI					nth, Day, Year) (1992

TIMORS,

21209

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

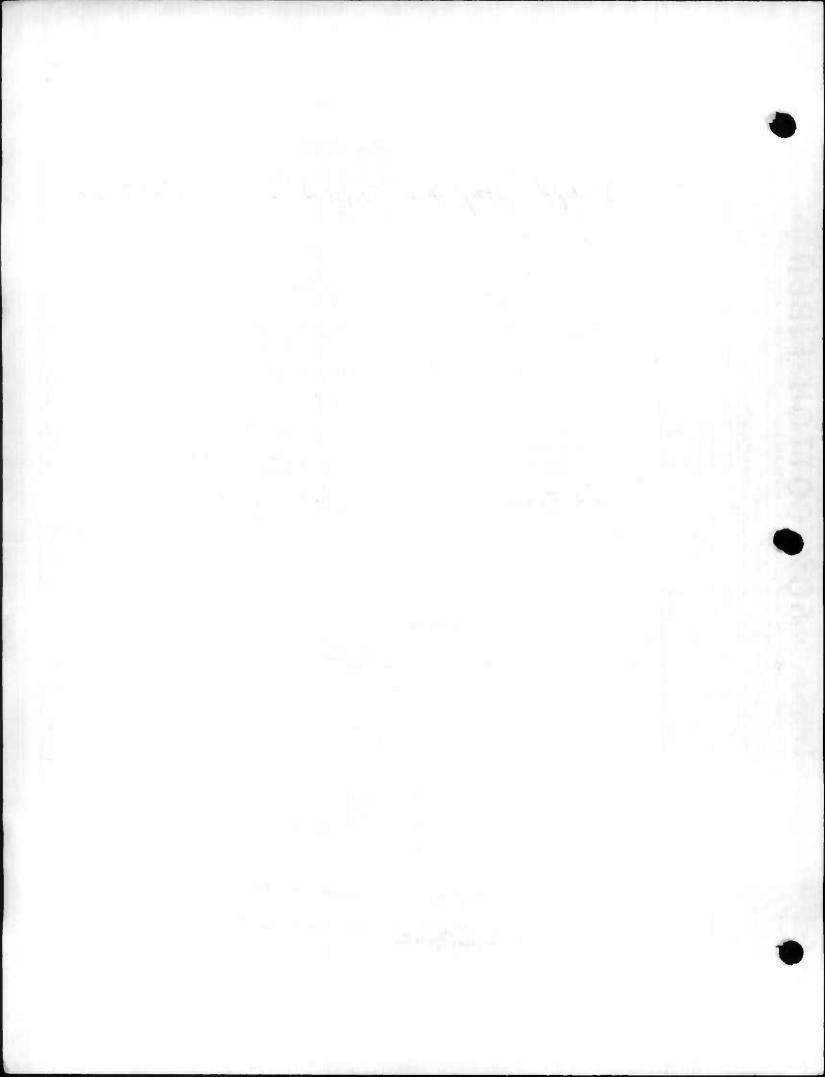
TAWFIK N. CHAMI, MD

2213 WOOD BOK LANS, RALTIMO

1992

31. DATE FILED MANNY DO





BALTIMORE, MARYLAND 21215-0020	PPHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	PARTICL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

5

31. DATE FILED (Month, Day, Year)
JAN 0 7 1992

	1. DECEDENT'S NAME (First, Middle, Last)	Brown		FICATE OF		2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		2	3-10P	
7	249-14-5783	1 2 M 2 □ F 74		MONTHS DAYS	HOURS MIN.	(Month, Day, Year, 3 - 1 0 - 1)		Country)	PLACE (State or Foreign	
TOR	BONSECOUR HOSpital Baltimore Baltimore Baltimore									
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION RG 7 + i mon a								10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		B	altimor	f, ZIP CODE				1 XES 2 NO	
FUNERAL	1217 W. Fayett	-0 C+		100			10g. CITIZ	EN OF WI	NAT COUNTRY?	
	11. MARITAL STATUS		IN II S ADMED	12 400 050	21201		U,	S.A.	•	
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American India Black, White, atc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. RACE — American India Black, White, atc. 17. Yes 2 No Specify: 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)									
EIED	15. DECEDENT'S EDU (Specify only highest grade	ICATION		USUAL OCCUPATION		16b. KIND OF BUSINESS/INDUSTR				
u	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	work done during mo ise retired.)	ost or wonling					
	6th Grade		Trahe	orer		Con	struc	+1000	10	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Male		la la la la la		
	Unik.				7	Ink				
ם מ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street a			lown, State, Zip (Code)	**	
2	Susie Jeffer	0000		Alling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 702 Rutland Ave. Baltimore Md. 21213						
	20g. METHOD OF DISPOSITION	20						ATION — City or Town, State		
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21 SIGNATURE OF FINERAL SERVICE LICENSES 220s. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place) Garrison Forest Vet. 7-9-92 Own								,	,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSE	arrison	22 NAME AL	t Vet.	7-9-92	Owing	s_M1	ill, Md	
22. NAME AND ADDRESS OF FACILITY										
	\ // // b	mest!								
	Albert	offer		Lero	y Harra	is ¢ 38 N			St.2121	
-	23. PART I. Enter the diseases, Dr.	complications that cause	ed the deeth. Do	Lero	y Harra	is ¢ 38 N			St. 2121	
		eomplications that cause List Drily one cause on	ed the deeth. Do each line.	Lero	y Harra	is ¢ 38 N			Approximete Interval Between	
	23. PART I. Enter the diseases, prehock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Metas	ed the deeth. Do each line.	Lero not enter the mo	y Harra	is \$38 N			Approximete Interval Between	
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32. REGISTRAR'S SIGNATURE
Julia Davidson-Rendelle

Street Baltimore M. D. 21201

• Hara de Carrer .

La Carlo de La Car

TO BE COMPLETED BY FUNERAL DIRECTOR

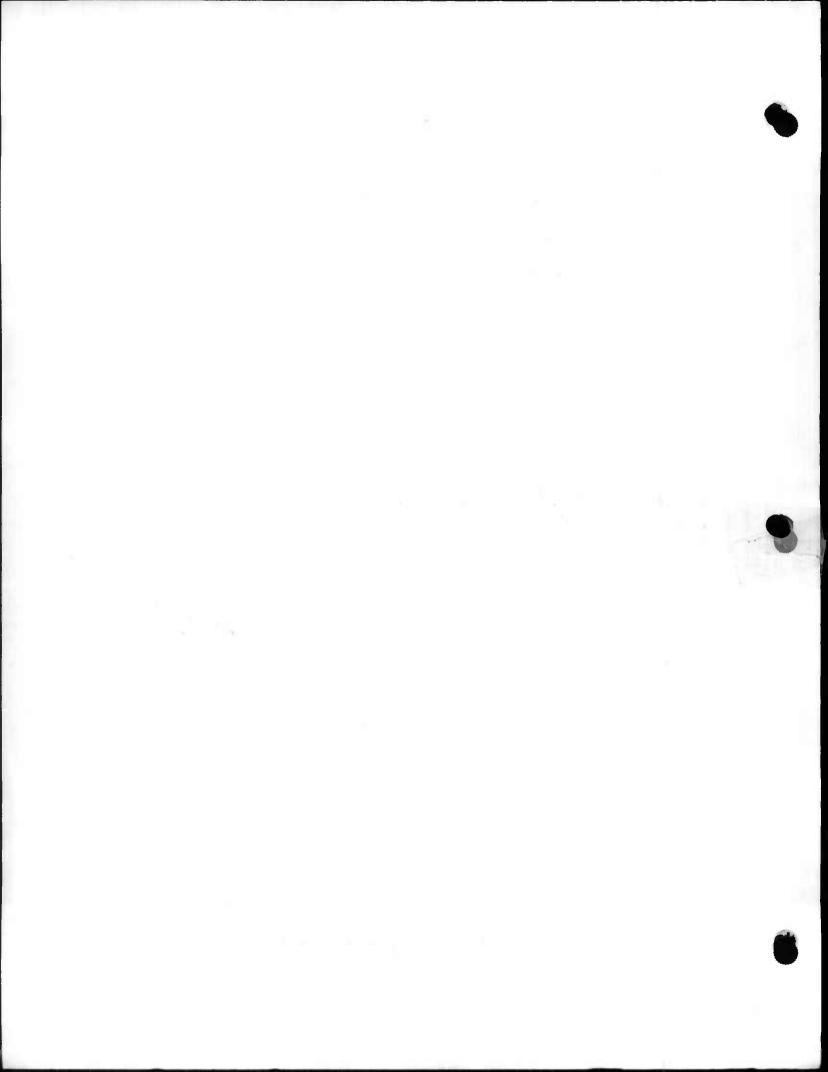
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 now. Offer death. Page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is before within 72 hours after death with the State Death and Mental Hygiene prior to burial, cremother or removal. **Internal Fune 29 is an advantaged or its and 23 shows any Internal Fune and Indian at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENT	AL HYGIENE
	CERTIFICATE	OF DEAT	Н	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM			IENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Duncan Brown					1/3/92	YEAR	7:11 A. M
4. SOCIAL SECURITY NUMBER	11,52		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign
239 24 0550 9e. FACILITY NAME (If not institution, give s		68 YAS.		R LOCATION OF DEA	Dec.17,	1928 SC	outhCarolin
Loch Raven VA M			BALTI			SC. COUNTY OF	JEAN T
10e, STATE 10b. COUNT	,	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
MD H	larford	Balt	imore	- Jop	pa		LIMITS?
10e. STREET AND NUMBER				ZIP CODE	_	10g. CITIZEN OF	WHAT COUNTRY?
1017 Old Phi	ladelphia	Road		2108	5	US	SA
11. MARITAL STATUS 1 Never Married 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPANI Icity Cuban, Maxican 2 X NO Specily:		or No— 14. RAC Blac Spec	E-American Indian, sk, White, etc. White
15. DECEDENT'S EDU (Specify only highest grade	CATION COmpleted)	16a. DECEDENT'S USI			16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	at or working			
8th					US	ARMY	
17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden S	Surname)	
Marvin Brow	n			Anna			
19e. INFORMANT'S NAME (Type/Print)		Action of the Control of the	A COLUMN TO SERVICE STATE OF THE PARTY OF TH		oute Number, City or Town		- M3 21001
Evelyn Hatley				and the second second			pa Md.2108
20e. METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremetion 3 🗔 Rem 4 🗆 Donation 5 🗀 Other (Specify)	oval from State	PLACE OF DISPOSITION Of their place) HOLLY Hi	.11 Ce	metery cremetory or		ation — chy or 1 ltimore	
21. SIGNATURE OF FUNERAL SERVICE LI		House	22. NAME AN	ID ADDRESS OF FAC		300MAce	eAve.21221
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PART II. Other algorificent condition COCD Hill FRACE	na contributing to desth b		the underlyin	g cause given in	Part J. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che			
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month), Day, Year) F2/27/9	28b. TIME O		PRK?	28d. DESCRIBE HOW	HOBY OCCUPIED	dageter
3 Sulcide 4 Homicide Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, stre	et, factory, offic	/ -	281, LOCATION (Street of Off) or Town, State)	POINT	Route Number,
cool drift	ICIAN: To the best of my know ER: On the basic of examination		at the time, date	and place, end due			(e) and manner on stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	Same	MD OZ	(7a)	29c. LICENSE NUM	1BER (2787/19	29d. DATE SIGNE	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	11/2	Md	1/2	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	1992 50	chia David	son-Randas	2		



68760,
BOX
P.O.
RECORDS,
L REC
VITAL
N OF
DIVISION

	4. SOCIAL SECURITY NUMBER		8778 AF			2. DATE OF DE	DAY	EAR 3.	INE OF DEATH	
		5. SEX 8. AGE					400	1	1 - /	
_	1/7-20-5005			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIS (Month, Day,	CE (State or Foreign			
	147-20-5905 1 M 1 2 F 64 VRS.					6-7-27 New Jersey				
p	90. FACILITY NAME (If not institution, glassification)	1	- Australia	SEN DE	ATH	PC. COUNT	Tin	10RE		
DIRECTOR	10a. STATE 10b. COUR		10c. CITY,	TOWN OR LOCAT	ION	10d. INSIDE				
. 11	Maryland B	altimore	Т	owson	WSON 1 □ ves					
FUNERAL	708 Camberley C	ircle B5		111	21204 USA					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Spi	American Indian, nita, etc.			
₩	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	2 □NO DATES WII		, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, Specify: WY					
	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S US			18b. KIND	OF BUSINESS/INDUS		WIIIE	
ӹ╟	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mos retired.)	st of working					
COMPL		2	Sup	ervisor			Ltimore C	ounty		
	17. FATHER'S NAME (First, Middle, Last) Joseph Hallam C			18. MOTHER'S NAI	ME (First, Middle, ietta V	CACAMIE CONTRACTOR				
H	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a			ly or Town, State, Zip C	ode)			
일	Diana M. Conover						on, Maryl		1204	
	20s. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Pa	ob. PLACE AND DATE Of cemetary, crematory of Oreland M			OATE	20c. LOCATION — Ch	y or Town,	State		
Dennis Stephen Lenakis M00640 6500 Yoek Road Baltimore, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition INTRACEREBRAU HEMPRIAGE									21212 Approximate interval Betw Onset and D	
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):							
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
A	PART II. Other significant condit	lona contributing to death	but not resulting in	- (2)			WAS AN AUTOPSY PERFORMED?	AW	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						1	1 YES 2 NO DE DEATH?			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28, PLACE OF DEATH (Check only one) HOSPITAL: 1 X Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
- 1	27, MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		RY WC	URY AT DRK?	28d. DEȘCRIBE HOW INJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF INJUR building, atc. (Sp	M 1 YES 2 NO					Number,		
COMPLET	4 Homicide 4 Homicide 5 Count not be datarmined 6 Homicide 6 Count not be datarmined 6 City or Town, State) City or Town, State) 29a. CERTIFIER 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 7 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as at 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
TO BE	Januara	and no		1					-	



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DALIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5.0	h certificat	anding phy	Hygiene p	or other
, כטי	at the deat	by the atte	and Mental	y Injury.
	requires th	een signed	of Health	shows an
7	: The law	ate has b	tate Dept.	tem 23
	SICIAN	certific	The S	, or
	YHY DING	After this	death with	marked
)	TEN	TOR:	after	28
	OR A	DIREC	OULS	E
	TAL	RAL	7	=
	HOSP	FUNE	within	AN
	TO THE	TO THE	be filed	IMPOR

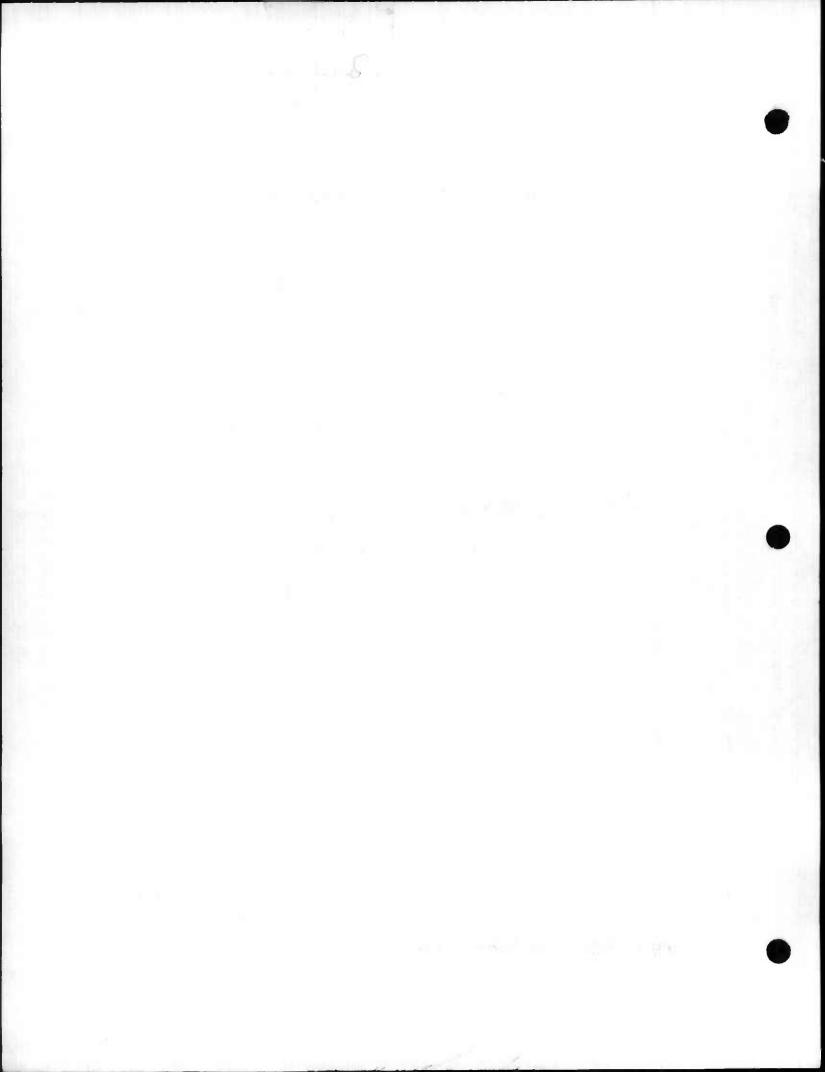
1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF I	IEALTH AND DEATH	MENTAL HYGIE	NE	2 00146
1. DECEDENT'S NAME (First, Middle, Last Carroll	CARROLL Casey	ELIZABE	TH CA	SEY	2. DATE OF DEATH January	1-5-92 5, 199	23. TIME OF DEATH 10:50 A
4. SOCIAL SECURITY NUMBER 212 12 4777	1 M 2 F	E (In yrs. last birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-24-192		s. BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (if not institution, give Maryland Ge	eneral Hospi	tal		or Location of Core City			TY OF DEATH
100. STATE 106. COUN Maryland	na	10c. CITY	TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1X YES 2 NO
10e. STREET AND NUMBER 301 Mc Mechen S 11. MARITAL STATE 1 Never Martind			10	21217		10g. CITIZ	EN OF WHAT COUNTRY? USA
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, a	ENDENT OF HISP/ ecify Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Stan, Puerto Rican, atc.) ify: nO		I4. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Speecily only highest grac Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Lest)	UCATION de completed) College (1-4 or 5+)		ork done during me retired.)	ON sst of working	16b. KIND OF B	USINESS/INDL	STRY
William Temple (Casey, Sr	Retail	Sales	16. MOTHER'S N	Office AME (First, Middle, Maide Murphy	ce Wor	er
190. INFORMANT'S NAME (Type/Print) William T. Case				ind Number or Rural	Anoute Number, City or To		
20e. METHOD OF DISPOSITION 1	moval from State	Ob. PLACE AND DATE Of ametary, crematory or oth	F DISPOSITION (N.				ity or Town, State
21. SIGNATURE OF FORERAL SERVICE L	persee Ronald	Wade, Dir 1-6-92			more St.,		
23. PART I. Enter the diseases, or shock, or heart feliure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Metas	ed the deeth. Do not eech line. Static Bre A CONSEQUENCE OF)	ast Car		ch as cerdiec or res	piretory arre	st, Approximate Intervel Between Onset and Deatl
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	A CONSEQUENCE OF)					
PART II. Other significent condition	ins contributing to death	but not resulting in	the underlyin	; ceuse given in	Pert I. 24e. WAS A PERFC	N AUTOPSY DRMED? 2 \(\square\) NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	ACE OF DEATH (C			
27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	286. TIME INJU	OF 28c, INJ RY WO	URY AT RK? 'ES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, ferm, at	reet, factory, offic		281. LOCATION (Stree City or Town, Stat	t end Number o	Rural Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my kno ER: On the basis of examinati						
4 Gould not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN					time, date and proce,	and due to the	cause(a) end manner es atated.

gor M.D. C/O Maryland General Hospital

Richard Gregor M.D.

1992

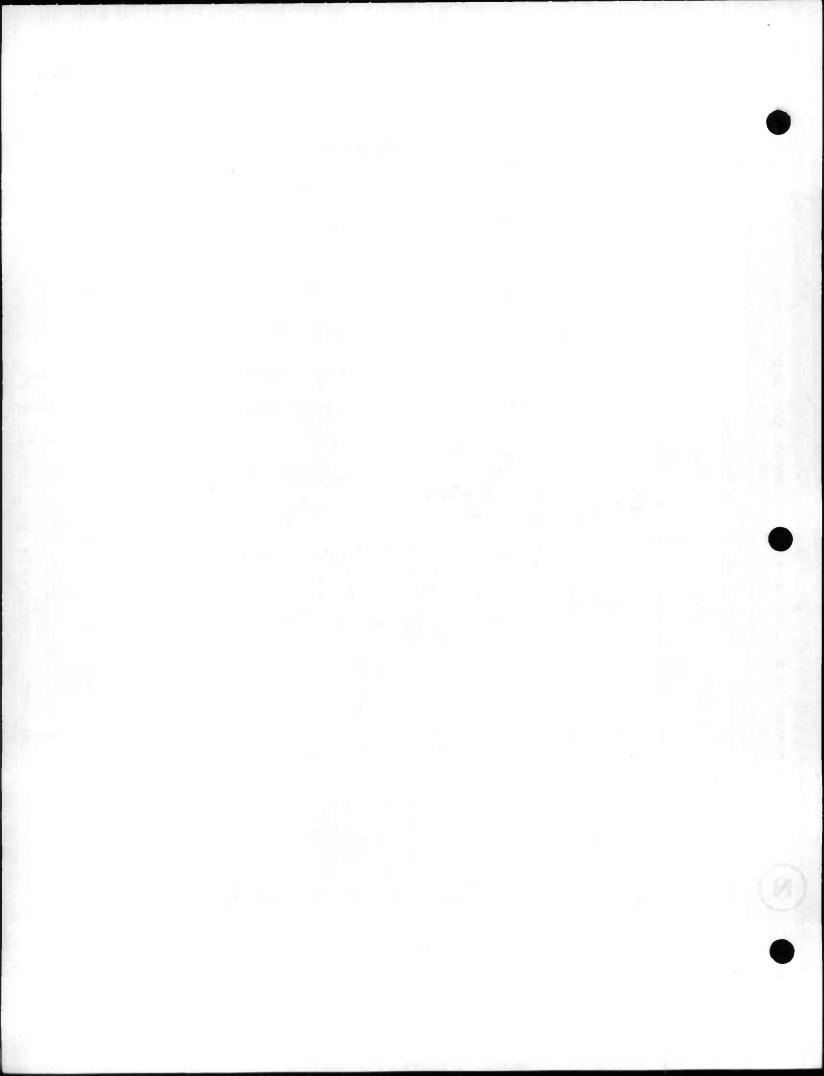
31. DATE FILED (Month,



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	ages 1, 2, 3 should		
ician.	al-transit permit. P		
il or attending phys	for use as the buri		
ained by the hospita	hould be detached		ified at once
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s		d, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitified at once.
hours after death.	ed in by the funera	, or removal.	medicai examir
executed within 24	and completely fill	o burial, cremation,	natic event, the
leath certificate be	attending physician	mal Hygiene pnor I	ry, or other trau
requires that the o	een signed by the	. of Health and Me	shows any Injur
		with the State Dept	ced, or Item 23
A ATTENDING P	R: After th	nours affer death v	ORTANT: It item 28 is marked
THE TENTIAL OF	THE FUNERAL	ned within 72 hours an	PORTANT: IL

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	EALTH AND DEATH	MENTAL HYGIEN		00147		
	1. DECEDENT'S NAME (First, Middle, Last)	THERESA	COL	73		2. DATE OF DEATH	PAY YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		COL				, 1992	5:45 A. M		
	216-28-1944	1□M XIX F 93		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	JAN. 5, 1899 8. BIRTHPLACE (State or Forest Country) MARYLAND				
œ	9a. FACILITY NAME (If not institution, give s		9		OR LOCATION OF	DEATH	9c. COUNTY OF	DEATH		
2	4922 WESTHILLS F	ROAD		BAL	TIMORE		_	-		
DIRECTOR	10a. STATE 10b. COUNTY	r	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
	MARYLAND	en en	E	BALTIMO	RE			LIMITS? XX YES 2 NO		
₹ I	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	4922 WESTHILLS F				21229		U.S.	Α.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X X NO	If yes, sp	endent of Hispa edity Cuban, Maxie 2000 NO Spec	ANIC ORIGIN? (Specify Yesan, Puarto Rican, atc.)	Bia	E — American Indian, ck, White, atc. CHU WHITE		
입	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US	SUAL OCCUPATION)N	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wor life. Do NOT use r	etired.)	st of working					
MP	8		HOMEMAK	ER		OWN	HOME			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)			
BE	AUGUST LACHMANN				BARB					
9	19a. INFORMANT'S NAME (Type/Print) PATRICIA COLE	(DALIGHTED)				Route Number, City or Tow				
	20a. METHOD OF DISPOSITION	(DAUGHTER)				ALTIMORE,		229		
	1XX Burlat 2 Cremation 3 Remo		PLACE AND DATE OF 11 PA RRAINE PA				CATION — City or T			
	21. SIGNATURE OF FUNERAL SERVICE LIC		MATINE TA	22. NAME AN	D ADDRESS OF F	ACR ITY	DLAWN, MA			
	Kussey	ean to	80	LEROY	M. & RU	SSELL C. W		NERAL HOMES		
	23. PART i. Enter the diseases, or c	1	-	1630 H	DMONDSO	N AVENUE, C.	ATONSVIL	LE,MD.21228		
CERTIFICATION	Sequantially list conditiona, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	DUETO COR AS A C	CONSEQUENCE OF):	cary sion rotic	heal	Infa nt dis	retio	interval Batween Onaet and Daath		
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions	contributing to death bu	t not reaulting in 1	tha underlying	cause given in	Part I. 24a. WAS AN PERFOR	RMED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXP'NINER?	Hoomen			ACE OF DEATH (C	heck only one)				
Į.	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet		THER: Nursing Home	5 Residence	6 Other (Specify)				
E	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O		JRY AT	28d. DESCRIBE HOW I	NJURY OCCURED			
ž R	1 Natural 5 Pending 2 Accident Investigation			M f 🗆 Y						
	3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY - building, atc. (Specif)	– At home, farm, atre	at, factory, office	-	28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	CIAN: To the best of my knowled	dga, danth occurred a	nt the time, date	and place, and du	to the cause(a) and mar time, deta and placa, an	nner as stated, d due to the cause(s	a) and manner as stated.		
H 0	29b. SIGNATURE AND TITLE OF DEATH PLAN	eskaro	w		29c. LICENSE NU	MBER 449	29d. DATE SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO BASKARAN SAMBANDA		WILKENS		SUITE	3()5 RAIT	IMORE, MI	21220		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE		JOILE	JOU DAUI.	LIOKE, FI	5. 21247		



2. DATE OF DEATH

7. DATE OF BIRTH

should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOR	CHURCH H		TAL CORP.					LTIM	ORE		
DIRECTOR	10a. STATE MD	10b. COUNT	ŤIMORE		10c. CITY, TO	NDALK	TION				10d. INS
FUNERAL	3018 Dunle	er Rd.					1. ZIP CODE 21222			J.S.A	OF WHAT COL
В	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Diver		12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES T	ARMED]NO	13. WAS DEC	CENDENT OF HISPANIC Decity Cuban, Maxican, 2 NO Specify:	ORIGIN7 (S Puarto Rica	pecify Yea or N	14.	RACE — Amer Black, Whita, o Specify: Thite
COMPLETED	15. DECE (Specify only Elementary/Secondary (0- Unknown	DENT'S EDU highest grade 12)	CATION completed) College (1-4 or 5+)		DECEDENT'S USE Give kind of work fe. Do NOT use re Homemal	done during mo tired.)			WN HOME	S/INDUST	
BE COM	17. FATHER'S NAME (First, Mic Albert Georg	ge Nic	kel				18. MOTHER'S NAME Emma La	E (First, Midd)	le, Maiden Surna Frey	nme)	
101	Richard A. (3018 Di	ınleer	Rd., Dunc	dalk,	Md. 21	1222		
	29s. METHOD OF DISPOSITION 14 Burlel 2 Cremettor 4 Donetton 5 Other (21. SIGNATURE OF FUNERAL	Specify)		cemetery, c	EAND DATE OF D remetory or other p Lawn Ce	emetary 22. NAME AT	7 1.			to.,M	d.
	23. PART I. Enter tha dis	X	elas)	N	100011	Bradle 2134 V	ey-Ashton Willow Spi	Funer	ral Hon Rd., Du	ne, I undal	Nc. k, Md
CERTIFICATION	immediate cause (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYING CAUSE (Disease or injurithat initiated events resulting in death) LAST	c. DUE TO (OR	AS A CONS	EOUENCE OF):		chan d	,	LIP		Information of the second of t	
V: MEDICAL	PART II. Other significan	t condition	s contributing to de	sth but not	reaulting in the	ne undarlying	g cause given in Po		NAS AN AUTO PERFORMED?		24b. WERE AI AMAILAB COMPLE DF DEAT
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	(Outputle at		HER:	ACE OF DEATH (Check				
ву РНУ	1 ETinpstlent 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 8 Other								ecify) BE HOW INJURY	Y OCCURE	D
COMPLETED	4 Homicide de 29a. CERTIFIER (Check only	ould not be starminad FYING PHYSICAL EXAMINE	28e. PLACE OF IN building, etc. CIAN: To the best of my R: On the basis of exami	(Specify)	lasth occurred st	the time, date	end place, and due to	City or To	N (Street and Numer, State)	a stated.	
TO BE CO	29b. SIGNATURE AND TITLE C	LELL /	vy.				29c. LICENSE NUMBE				NED (Month, (
ř	30. NAME AND ADDRESS OF	PERSON WHO			EM 27) (Type, Print		Balto	B.	2002	31/	hush

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 3. TIME OF DEATH 1210 Am 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 8-13-1912 Pennsylvania 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whita, etc. WHite BUSINESS/INDUSTRY Home den Surname) 'ey Town, State, Zip Code) . 21222

> Home, INc. , Dundalk, Md. 21222 Approximata Intarval Between Onaat and Daath

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 YES 2 - NO

			_
			_
URED			

manner as stated. and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

5 97

11. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

213-07-4670

RUTH MARIE

9a. FACILITY NAME (If not institution, give street and number)

COPELAND

6. AGE (in yrs. last birthday)

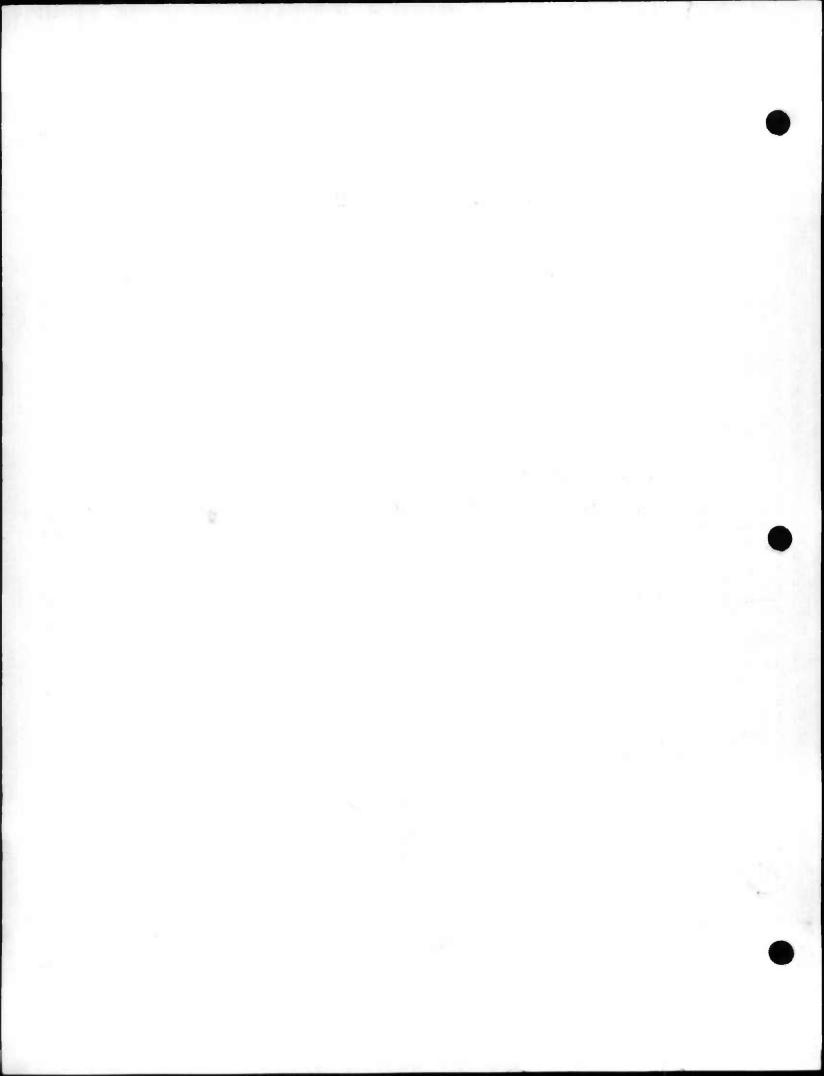
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WISION OF VITAL RECORDS, P.O. BOX 13146,

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red	need	90
Jaw	as L	Dans
Ę	ate !	200
CIAN	ertific	C - The
ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	this c	400
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

use as the burial-transit permit. Pages 1, 2, 3 should		
tely filled in by the funeral director, page 5 should be detached for use as		xaminer must be notified at once.
signed by the attending physician and completely filled in by the	Hygiene prior to burial, cremation, or removal.	ir other traumatic event, the medical examiner mu-
cate has been signed by the atten	eath with the State Dept. of Health and Mental I	item 23 shows any Injury, or other
ther this certific	bath with the	marked, or

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF N		DEPART					MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, RETHA	Middle, Last)	V.	СН	ESTER					2. DATE	of DEATH	199	2YEAR	3. TIME OF DEATH 2:45 A
4. SOCIAL SECURITY NUMBER 214-16-598		5. SEX 1 ☐ M 2 🄀 F	6. AGE (In yrs. II		IF UNDER	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE (Mont Apr	of BIRTH h, Day Year)	917	6. BIRTHI Country W e S	t Virginia
	ASTER					DERV	R LOCATION TO COLOR	ON OF DE	ATH			ONTG	OMERY
RESIDENCE OF DEC	10b. COUNTY			10c. CITY	, TOWN O	R LOCATI	ON						10d. INSIDE CITY _LIMITS?
MARYLAND	MON	TGOMERY			DER	COOMS							1 2 YES 2 NO
19701 MUNCA	STER I	ROAD				101.	ZIP CODE	855			10g. CIT	US US	HAT COUNTRY?
11. MARITAL STATUS 1							- American Indien, , White, etc.						
	EDENT'S EDUC highest grade			Give kind of w	rork done o	CUPATIO	N at of workin	g	168	. KIND OF BUS	INESS/IND	DUSTRY	
Elementery/Secondary (0-	-12)	College (1-4 or 5	+) "	te. Do NOT usi Home	emake	r				Hor	ne		
17. FATHER'S NAME (First, Mi	iddle, Last)						16. MOTH	HER'S NA	ME (First,	Middle, Meiden S	Surname)		
Harry Ben	nson						1	Lona	Spo	naugle			
19e, INFORMANT'S NAME (7)			1	19b. MAILING	ADDRESS	(Street au	nd Number	or Rural I	Route Num	ber, City or Town	, State, Zip	Code)	
John A. C		r		Same									
1 X Burlel 2 Crematio	20c. METHOD OF DISPOSITION 1 To Burlel 2 Cremetion 3 Removal from State 4 Consilon 5 Other (Specify) 20c. LOCATION — City or Town, chief place) Sunset Memorial Park Cumberland, Ma												
≥ Thu	L SERVICE LIC	ENSEE	Bar	her	22.1	MUR:		н. В	ARBE	R FUNE			20882
iMMEDIATE CAUSE (Fin disease or condition resulting in deeth) Sequentielly list conditi if eny, leading to immerceuse. Enter UNDERLY! CAUSE (Disease or Injuithst initiated evente	ions, diete	a. DUE TO	use on each ill	EQUENCE OF	F2					sust			interval Between Onset and Death mutte
PART II. Other significa	int condition	s contributing to		t resulting I	in the un	derlying	j cause (given in	Part I.	24s. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		ī	OTHER		ACE OF D	EATH (Ch	eck only o	ene)			
1 XYES 2 NO		1 Inpatient 2		3 DOA	4 🗆 Nun	sing Hom		esidence		er (Specify)	I HIDY CO	CLIDEO	
1 Natural 5	Pending Investigation	(Month, i	Day, Year)	INJ	URY M	1 🗆 1	RK? res 2 [NO					
	Could not be determined	butlding	OF INJURY — At , etc. (Specify)	home, farm, i	street, fact	ory, offic				CATION (Street e v or Town, State)	nd Numbe	r or Rumi F	loute Number,
(Crieck Othy		CIAN: To the best of) end manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIES	we	_				29c. LIC	ENSE NUI	MBER	6	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	1	O COMPLETED CAL		TEM 27) (Type,	Print)	Ms	nty.	mes	~	Vill. A	ve	Ga	Hersbirg
31. DATE FILED (Month, Day		32. REGISTR	AR'S SIGNATURE				-/		/				

permit. Pages 1, 2, 3 should

use as the bunal-transit

director, page 5 should be detached for

examiner

medical

the

IMPORTANT: If Item

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the funeral filled in by the ion, or removal. cremation. has been signed by the attending physician and completely it Dept. of Health and Mental Hygiene prior to bunal, cremation 23 shows any injury, or other traumatic event, the HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIRECTOR: After this certificate har hours after death with the State Dilem 28 is marked, or item THE FUNERAL (filed within 72 h

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Margaret Cimino 1-4-92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 217-09-4598 75 DAYS 2-15-16 1 - M 2 XF MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 7 Fernsell Ct. Apt. 2D DIRECTOR Rosedale Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION ROSedale 10d. INSIDE CITY Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 21237 10g. CITIZEN OF WHAT COUNTRY? USA 7 Fernsell Ct. Apt. 2D 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, While, etc. If yes, specify Cuben, Mexican, Puerto Ricen, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: white COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spec ost of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
Florence Kelly Andrew Miller ĕ BE notified 19a. INFORMANT'S NAME (Type/Print)
Joseph Cimino 19b. MAILING ADDRESS (Str. or Rural Route Number, City or Town, State, Zip Code)
Balto. MD 21237 Fernsell Ct. pe 20e. METHOD OF DISPOSITION
1 M Burlel 2 ("XCremetion 3 ☐ Removal from State
4 ☐ Donellon 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Most Holy Redeemer 1-8 -92 Baltimore, MD 21. SIGNATURE OR FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CVach/Rosedale Funeral Home 1211 Chesaco Ave. 23. PART I. Enter the diseasea, or complications that auaed the death. Do not enter the mode of dying, auch as cardiec or reepiratory arrest, **Approximate** ehock, or heart fellure. Liet only one ceuse on each line. **IMMEDIATE CAUSE (Fina)** Onset end Death disease or condition Corcinona 9 requiting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other eignificent conditione contributing to deeth but not resulting in the underlying ceuse given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 2 NG OTHER:
4 ☐ Nursing Home 5 ☐ Raeldence 8 ☐ Other (Specify) 1 Inpatient 2 I ER/Outpatient 3 I DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 4 Hitural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, ferm, streel, factory, office building, etc. (Specify) 3 Sulcide Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER
1 CHRIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the ceuse(a) end manner ee stated. 2 MEDICAL EXAMINER: On the bests of axaminstion end/or investigation, in my opinion, desth occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNEO (Month, Day, Year) 92 2 301 ST. PAUL FELDMAN, MD



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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buil	in 7	H
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IMPORTANT: If item

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31. DATE FILED (Month, Day, Year)-

IAN 0 6 1992

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92 00151 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR FRANCES CURRAN 5-11 10 04 92 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 714-38-3750 1 M 2 F 14 July1 MARYLEND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSP BALTIMONE, MD. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION TOWSON 10a. STATE 10h COUNTY 10d. INSIDE CITY LIMITS? BALTO MD. 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21204 10g. CITIZEN OF WHAT COUNTRY? 2300 Dulaney Valley Road Uis.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/9-mondary (0-12) College A1-4 or 5+) Homemaker 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Helldorfer Anna Reuter BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code) 2 Mary Rose Hoban 3 Bellfalls Way Baltimore, Md. 21236 20e. METHOD OF DISPOSITION
1 Carried 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Most Holy Redeemer Jan.8, 1992 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICEALICENSEE 22. NAME AND ADDRESS OF FACILITY James J. Glidden Leonard J. Ruck Inc. 5305 Harford Road 21214 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory erreet, Approximate shock, or heert failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition Obstruction Intestinal 2 DAYS recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CODD 20 YRS CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury thet initieted evente OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO . SHOCK COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26, PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 - YES 2 NO 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 5 Pending Investigation 1 🕅 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide COMPLET 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) Anna Shahil 4/92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
HUMA SHAKIL, UNINON MEMORIAL HOSPITAL, 201 E UNIV. PKWY,
BALTIMORE ZIZI8-32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA CERTIF	RTMENT	OF HEALTH AND	MENTAL HYGIE REG. N	NE	00152		
	1. DECEDENT'S NAME (First, Middle, Lest) BETTIE		S.	CREAC	ER	2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-07-7994	5. SEX 6. A	GE (In yrs. last birthday) 69 YRS.			7. DATE OF BIRTH (Month, Day, Year) Feb. 11, 192		BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (If not institution, give s UNION MEMORIAL H RESIDENCE OF DECEDENT				TOWN OR LOCATION OF C			Y OF DEATH		
DIRECTOR	10s. STATE 10b. COUNT	Y		Baltimo				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	500 W. University F	Parkway			101. ZIP CODE 21210		109. CITIZE	EN OF WHAT COUNTRY?		
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	lt.	AS DECENDENT OF HISPA yes, specify Cuban, Maxic YES 2 NO Spec	an, Puerto Rican, atc.)		4. RACE — American Indian, Black, Whita, atc. Specify: hite		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT u	work done di	OCCUPATION a during most of working) 16b. KIND OF BUSINESS/INDUSTRY					
BE CON	William H. Schott Adeline B. Bensen									
5	19a. INFORMANT'S NAME (Type/Print) Aurelia Schott 19b. Mailing address (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 500 W. University Parkway Baltimore, Md. 21210									
	20a. METHOD OF DISPOSITION 1 Society Department De	oval from State	206. PLACE AND DATE	of disposit	n.6, 1992		ocation - cir	ly or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. N	ame and adoress of Flonard J. Ruck	ACILITY				
	23. PART I. Enter the diseases, or ahock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Proba	sed the death. Do n each line, Le se sa consequence of	epsi	he mode of dying, aud	ch as cardiac or res	piratory arres	Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE O	F):						
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II Other circuit continues and the continue									
SICIA	25. WAS CASE REFERAND TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	26. PLACE OF DEATH (CI					
ву РНУ	27. MANNER OF DEATH 1 Westural 5 Pending	26a. DATE OF INJUF (Month, Day, Yea	Y 286. TIN		Rec. INJURY AT WORK?	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUP	RED		
	2 Accident Investigation 3 Suicide a Could not be detarmined	26a. PLACE OF tNJL building, etc. (S	IRY — At home, term, pecify)	street, factor		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
		The second second								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH	CtAN: To the best of my kn R: On the basis of examina	owiedga, death occurr	ed at the tim on, in my opi	ie, data and place, and du	to the cause(a) and mo	anner as stated.	ause(a) and mannar as stated.		

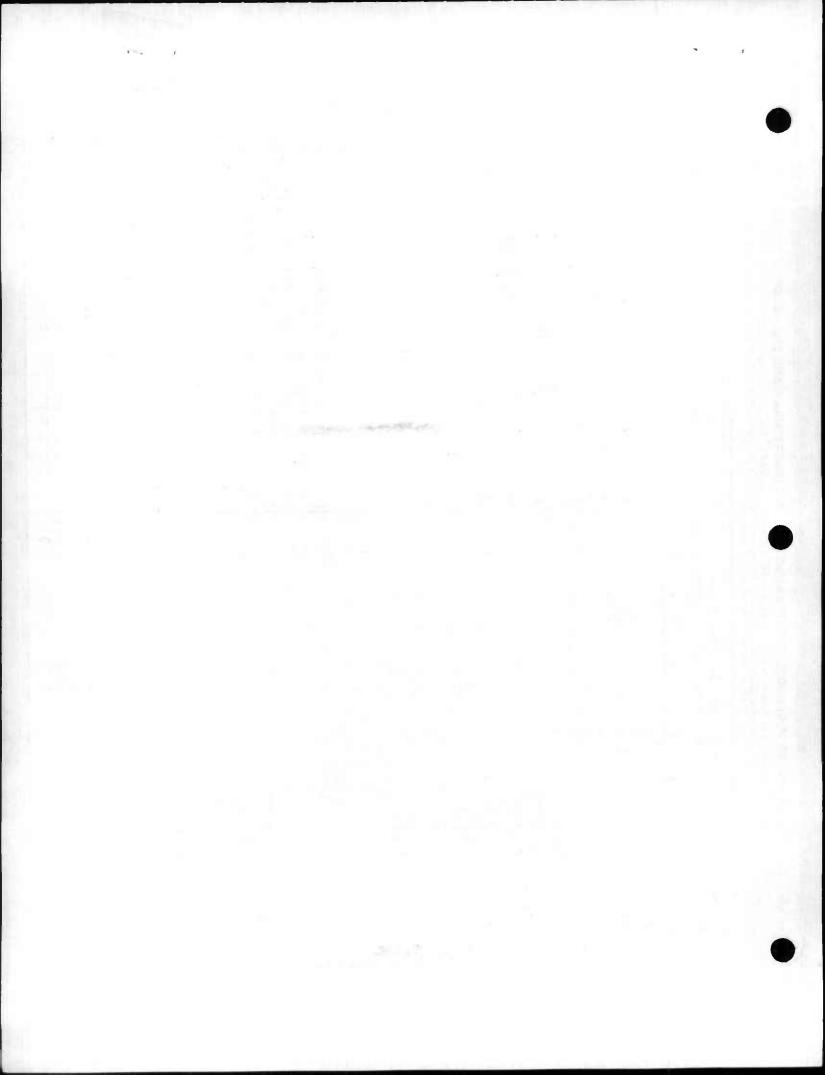


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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

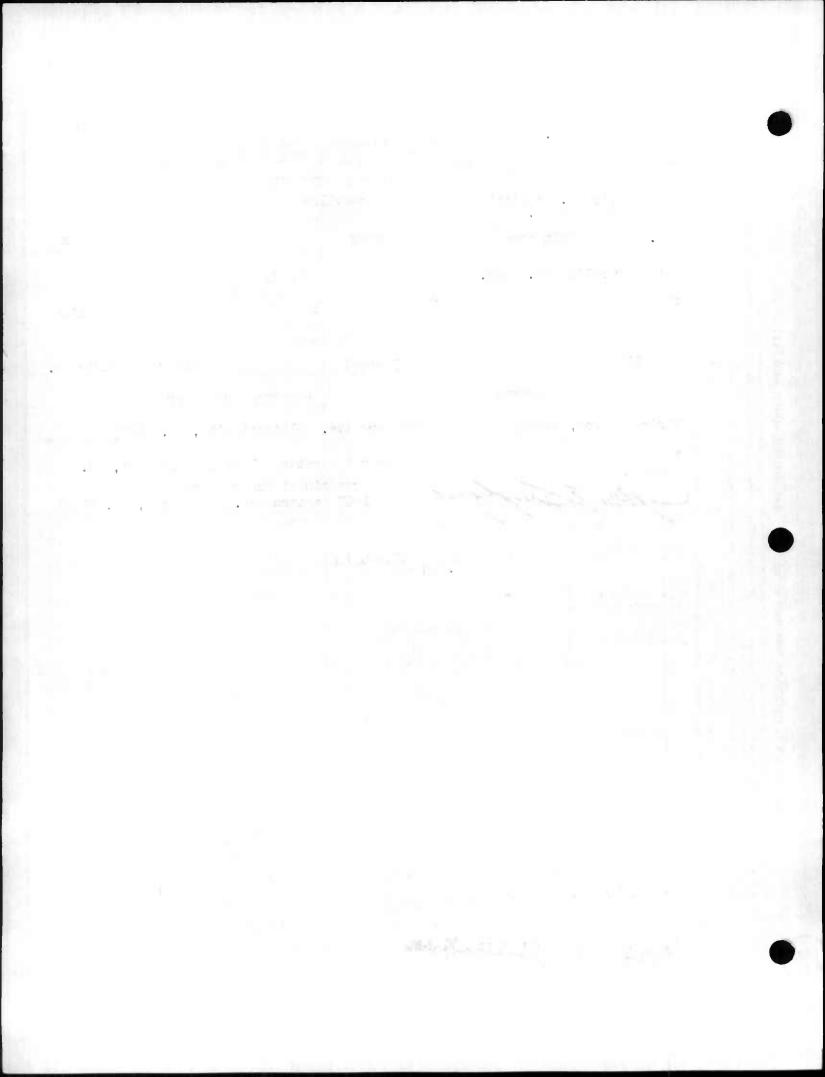
1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGI		2	00153
1. DECEDENT'S NAME (First,		K E. CURI	RAN, S	R.			2. DATE OF DEAT MONTH Jan. 1	DAY	YEAR	3. TIME OF DEATH 7:35 P. M
4. SOCIAL SECURITY NUMBER 153-09-58687	4	5. SEX 1 1 M 2 F	8. AGE (In y)	s. last birthday) YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Yea Aug. 30		S. BIRTI	PLACE (State or Foreign
9a. FACILITY NAME (If not in College N	Manor,					on LOCATION OF D			INTY OF D	
RESIDENCE OF DEC	10b. COUNT									
Maryland 100. STREET AND NUMBER		Ltimore		10c. CI1		rville				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
300 West	Semina	ary Ave.			16	21093		10g. CF		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Never Married 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YE\$ 2	XNO	If yea, s	CENDENT OF HISPA Decify Cuban, Mexico 3 2 NO Specifi	NIC ORIGIN? (Specify an, Puerto Rican, atc. by:	Yea or No		E — American Indian, k, White, etc.
(Specify only	EDENT'S EDU highest grade	CATION completed)	184	(Give kind of	USUAL OCCUPATE	ON ost of working	16b. KIND OF	BUSINESS/IN	1	
Elementary/Secondary (0	-12)	College (1-4 or 5 4)	Textil		cturer-	Mock, Ju	dson,	Voeh:	ringer
17. FATHER'S NAME (First, MI George		urran				18. MOTHER'S NA Gertru	ME (First, Middle, Mai de Flem	ing		
19a. INFORMANT'S NAME (7)	/pe/Print)		1	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zi	p Code)	
Frank E. Cu				311 F.	Charles	St. Ave To	wson, Ma	ryland	2120)4
20a. METHOD OF DISPOSITI 1 □ Burlal 2XXCrematio 4 □ Donation 5 □ Other	(Specify)			CE AND DATE	of disposition (N Service	ame of	DATE 20c	LOCATION —	City or To	wn, State
≥ W du			obs	2.	Ruck		uneral Ho d. Towson			24
23. PART I. Enter the di- ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	reit reilure.	a.	Sap7	line.	ont enter the mo	de of dying, suc	h as cardlac or re	espiratory ar	rast,	Approximata Interval Between Onaat and Death
Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or Injurthat Initiated evente resulting in deeth) LAST	llate NG ry	c/	Jele	ASEQUENCE OF	el el		les	10	45	
	W.	s contributing to					PER	AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ED/Outpetle	2 🗆 🗅	OTHER.	ACE OF DEATH (Ch				
2 Accident In 3 Suicide 8 C	Pending nvestigation could not be stermined	28a. DATE OF (Month, Da	NJURY y, Year)	28b. TIMI	E OF 28c. INJ	URY AT RK? /ES 2 NO	5, ☐ Other (Specify) 28d. DESCRIBE HO 281. LOCATION (Stre City or Town, St.	et and Number		oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFIED 1	FYING PHYSIC	CIAN: To the beat of or	ny knowledge	, death occurre	d at the time, date	and piece, and due	to the cause(a) and	manner aa stat	ed.	and manner as stated.
29b. SIGNATURE AND TITLE				- mveetiga(10)	, my opinion, a					
_ 3 7)	Leve				29c. LICENSE NUM 0247	BER 2 2	29d. DAT	E SIGNED	h, Day, Year)
20. NAME AND ADDRESS OF E. Timot		weine M.				Lutherv	ille, Mar	cyland	2109	93
31. DATE FILED (Month, Day, Y		and the diagram		" Ya. 1	00					



BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR			/ DEPAR					ITAL HYGIEN		· Louis		
	1. DECEDENT'S NAME (First, Middle Viola	M.		D	AMMA	NN			ATE OF DEATH DATE OF DATE OF DATE OF DEATH DATE OF		YEAR	3. TIME OF	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. 79		IF UNDER 1	YEAR	F UNDER 24 HI	RS. 7, C	ATE OF BIRTH Worth, Day, Year) April 1	1912	8 BIOTH	PLACE (State 2) 2ryla1	or Familian
Œ	9e. FACILITY NAME (If not institution	q. Hospital					LOCATION O			9c. COUN	TY OF DE	EATH	ounty
сто	RESIDENCE OF DECEDER					svil				Dair	. 11110		
FUNERAL DIRECTOR	Md.	Baltimore			y, town of Essex		N					10d. INSIDE LIMITS? 1 YES 2	?
ERAL	100. STREET AND NUMBER 1000 Frankli	n Ave. Apt.	1204			10f. Z	P CODE 212	27		10g. CITIZ		HAT COUNTE	RY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S.		1 11	yes, speci	DENT OF HIS	SPANIC OF	RIGIN? (Specify Yearto Ricen, etc.)	or No—	14. BACE	American White, atc.	Indien,
COMPLETED	15. DECEDENT' (Specify only highes Elementary/Secondery (0-12)	'S EDUCATION It grade completed) College (1-4 or 5+		DECEDENT'S (Give kind of ville. Do NOT us	vork done du e retired.)	ring most o	of working		16b. KIND OF BUS				
OME	17. FATHER'S NAME (First, Middle, La	ist)		CI	erica		B. MOTHER'S	NAME (F	irst, Middle, Maiden		Ele	ctric	Co.
BE C	/	Dammann							Mussett	- /			
5	Patrick Malloy	, Attorney		3685	ADDRESS (Street end Ave.	Number or R	icot	Number, City or Town	Nd 2	Code)	3	
	20a. METHOD OF DISPOSITION 1 SpBurlel 2 Cremation 3 Communication 5 Other (Specify		20b. PLAC	EAND DATE CO	E DISPOSIT	ION /Nama	of		DATE 20c. LO	CATION C	Aty or Tow	vn, State	
	21. SIGNATURE OF UNERAL SERVI	ICE LICENSEE		/	22 N	AME AND	ADDRESS OF	F FACILITY	/9/92 F	e PA	ore,	Md	
	fline !		garde	2.	14	07 E	aster	n Ave	Balt	imore	, Mc	1. 212	21
	23. DATE I. Enter the disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	ilure. List only ona cau	se on aach li	na.			or aying,	such as	cardiac or respi	ratory arre	est,	Interve	ximate al Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONS										
CAL	PART II. Other significant con	ditione contributing to	death but not	t resulting i	n the und	erlying c	ause given	In Part	i. 24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPS AMILABLE PR COMPLETION DF DEATH?	OF CAUSE
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDIC	CAL CAL				26. PLAC	E OF DEATH	(Check on	Av age)			1 TYES 2	□ NO
YSIC	1 YES 2 XNO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:				Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigs		INJURY ly, Year)	28b. TIME INJU	JRY	8c. INJURY WORKS	AT NO	28d.	DESCRIBE HOW IN	JURY OCCL	JRED		
	3 Suicide 6 Could n	ot be 28e. PLACE OF building, a	FINJURY — At I	noma, farm, s	treet, fector	y, offica		261.	LOCATION (Street a City or Town, State)	nd Number o	or Rural Ro	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX.	PHYSICIAN: To the best of axi	my knowledge, o	death occurre	d at the tim	e, date and	place, and	due to the	ceuse(e) end man	ner ee state	d.	and menner	an atated.
B	296. SIGNATURE AND TITLE OF CER	TIFIER					c. LICENSE	NUMBER			SIGNED (Month, Day, Y	
5	30. NAME AND ADDRESS OF PERSON Nadine Thom	N WHO COMPLETED CAUS				quan			Baltin	nore	7	1-	1237
	31. DATE FILED (Month, Day, Year)	82 REGISTRAF	S SIGNATURE	المال		1	5 51		Daion	1016	, I'IL		1731





OR ATTENDING PH	IAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be negative the state Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	is mark
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After the filed within 72 hours after deat	IMPORTANT: If item 28 is marked

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

CERTIFYING PHYSICIAN: To the best of my

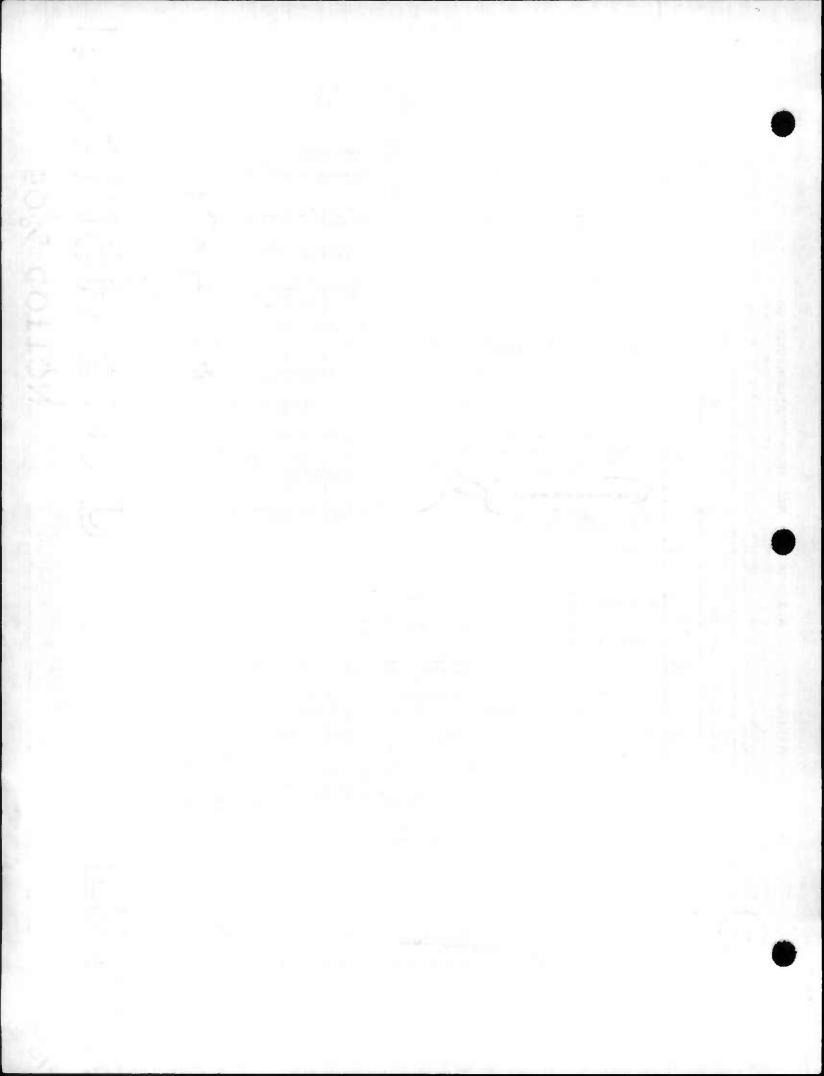
1992

31. DATE FILED (Month, Day,

TO BE COMPLETED BY FUNERAL DIRECTOR

										9 8	2 0	0133
FOR STATE REGISTRAR		STATE OF MARY		DEPARTI				MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First	, Middle, Lest)	ر مان مان	, ,	GLADYS	REGI	INA I	OHER	MONT	OF DEATH		"AR	TIME OF DEATH
4. SOCIAL SECURITY NUMI 217-20-236		5. SEX 6. AG	E (In yrs. Va.		F UNDER 1 Y		UNDER 24 HR	. 7. DATE	of BIRTH		e. BIRTHPL	ACE (State or Foreign
ST. JOSEPH RESIDENCE OF DEC	HOSPIT.			g	b. CITY, TO		OCATION OF	DEATH			HY OF DEAT	
10a. STATE MARYLAND	10b. COUNTY	TIMORE		10c. CITY,	OWSON							d. INSIDE CITY LIMITS? YES 2 XXNO
10e. STREET AND NUMBER 8219 JEFFE					OWDOL		212	20/1		1000		T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 X Ytdowed 4 Dive	Married	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	S 2 X	AMED NO	If ye	s, specif	ENT OF HIS	PANIC ORIGII dean, Puerto	N? (Specify Yea Rican, etc.)			American Indian, /hita, atc. WHITE
(Specify on Elementary/Secondary (CEDENT'S EDUC by highest grade 0-12)		(G	ECEDENT'S US Bitve kind of wor b. Do NOT use	k done duri retired.)	JPATION ng most o	f working	188	a. KIND OF BUS		USTRY	
12			HC	OUSEWI!	FE	16			Middle, Malden	114111111	-	
THOMAS KI 19a. INFORMANT'S NAME (SARAH K. Y	Type/Print)	(DAUGHTER)					Number or Ru	ral Route Num	BAFFOR The City or Town N, MAR	n, State, Zip		20/1
20a, METHOD OF DISPOSIT 1	on 3 🗆 Remo		20b. PLACE	AND DATE O	F DISPOS	TION (N	ime		TE 20c. LO	CATION —	City or Town	
21. SIGNATURE OF FUNERAL	NL SERVICE LIC	ENSEE PLANTE	L		LEF	OY I		RUSSEL				ERAL HOMES
23. PART I. Enter that shock, or it immediate cause (Fi disease or condition resulting in death)	neart fallure.	List Drive and Due To (OR A	the section	•.		e mode	of dying,		diec or reepi			Approximate interval Between Onset and Daath
Sequentielly list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ring ury	DUE TO (OR A										
PART II. Other algnific	tox	e contributing to deat	h but not	resulting in	the unde	rlying o	ause given	in Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	A C	AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	TO MEDICAL	HOSPITAL:	<u> </u>	3 DOA 4	OTHER:	g Home	5 🗆 Realder	(Check only once 8 - Oth	er (Specify)			
1 Natural 8 2 Accident	Pending Investigation Could not be determined	28e. PLACE OF INJU (Month, Day, Yea 28e. PLACE OF INJ building, etc. (3	JRY — At h	28b. TIME INJUI	M		2 NO	28f. LO	CATION (Street or Town, State)	and Number		te Number,

29c. LICENSE NUMBER 32. REGISTRAR'S SIGNATURE



TO THE PERCENDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. IBPTAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

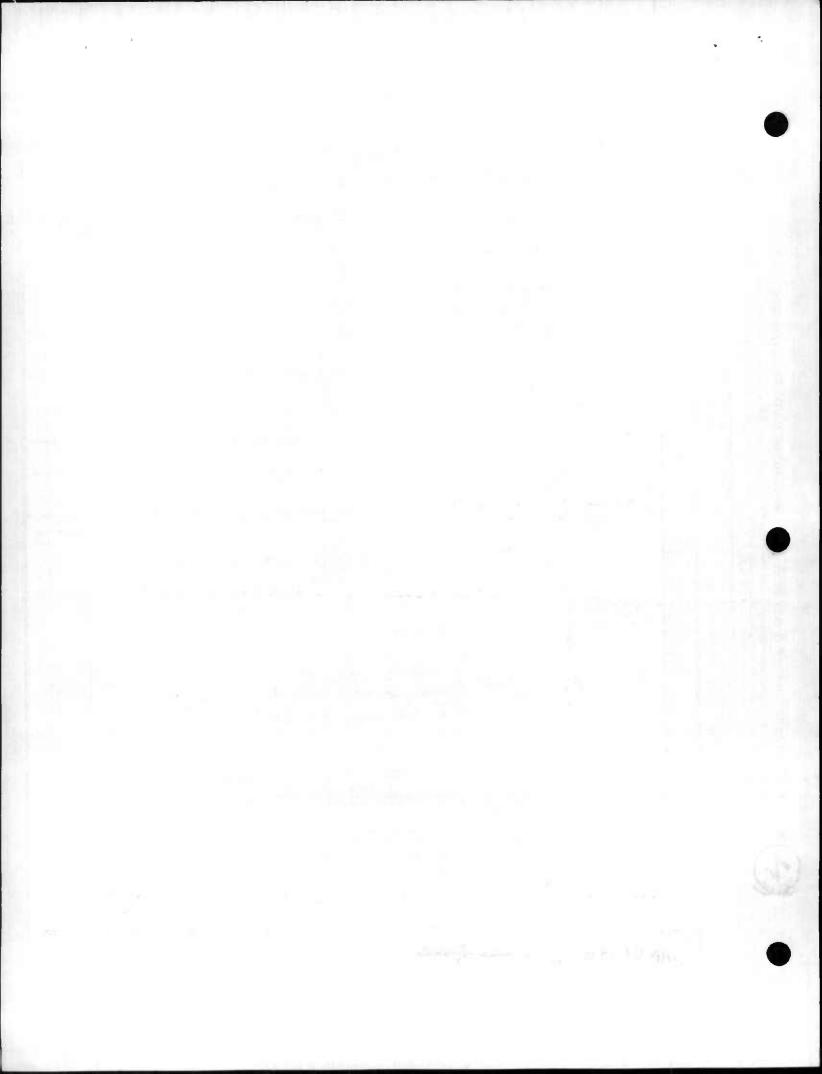
1	-		
1)	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

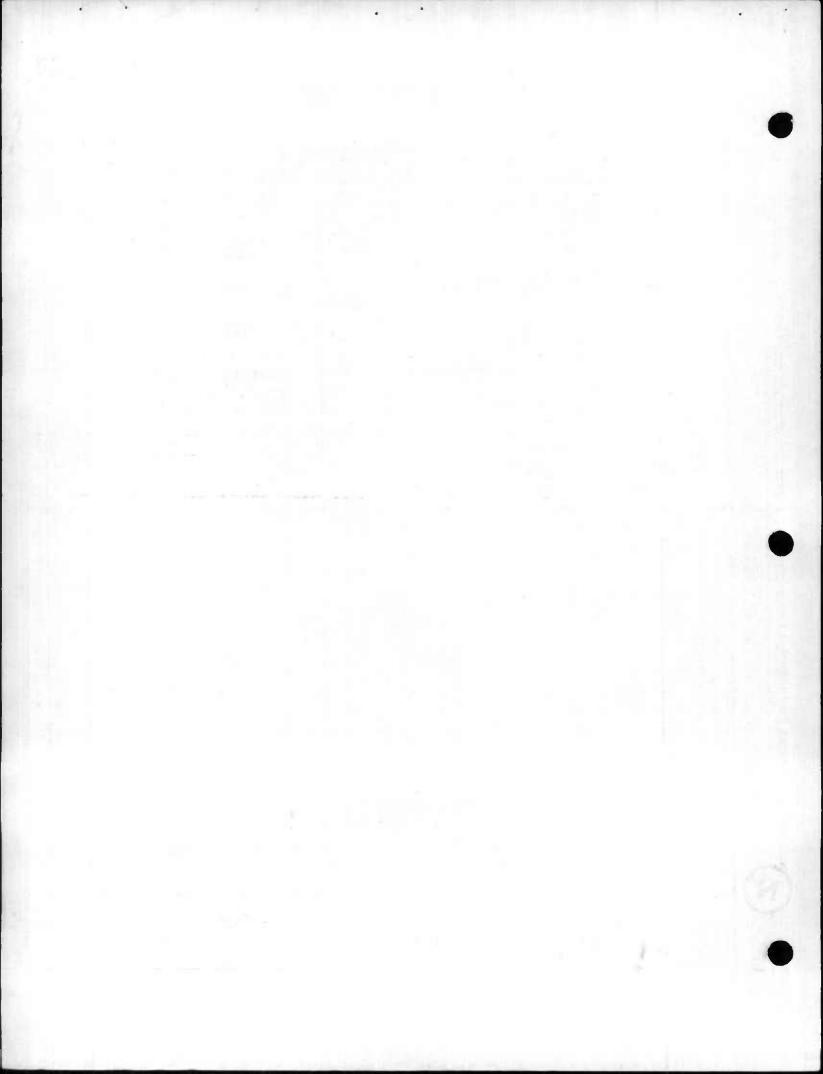
	REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.			
ш	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		15.50	3. TIME OF DEATH
	Mary A. Dorn					MONTH 1	/.	TA.	YEAR Q2	2-00
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH 4		16	3:00 M²
	212-26-3721	1 M 2 X F	92 VRS.	MONTHS DAYS	HOURS MIN.	(Month, D	lay, Ybar)		Countr	y)
	9a. FACILITY NAME (If not institution, give s						7-189	99		Md.
~		treet and number)		9b. CITY, TOWN	OR LOCATION DF	DEATH		9c. COUR	NTY DF D	EATH
Ö	G.B.M.C.							R ₂	lto.	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							Da	ALU.	
IRE			10c. CITY,	TOWN DR LOCAT	TIDN					10d. INSIDE CITY LIMITS?
0	Md. Balt	0.								1 YES 2 ND
AL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITI	ZEN DF V	VHAT COUNTRY?
E	111 West Rd.				21204				TICA	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER I	U.S. ARMED	13. WAS DEC	ENDENT OF HISP	NIC DRIGINS (S	Specify Vee	or No.	USA	- American Indian,
II.	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecify Cuban, Maxic	an, Puarto Rica	in, etc.)	or NO-	Black	, Whita, atc.
ВУ	3 Wildowed 4 Divorced	IF TES, GIVE WAN ON D	AIES	1 U YES	2 NO Spec	ify:			Speck	w.White
Q	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	NA.	405 1/11		1		
E	(Specify only highest grade		(Give kind of wo	ork done during mo retired.)	st of working	100. KII	ND OF BUS	INESS/INO	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)								
COMPLETED			Home Ma	iker						
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	lle, Maiden	Sumame)		
BE	Julius Stegel				Anna	Hellen				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural		City or Town	, State, Zip	Code)	
F	Jane M. Dorn				Ave. To					
	20a. METHOD OF DISPOSITION	201	PLACE AND DATED	TETHIA	Ave. 10	WSON, I				
	1 ← Burial 2 ☐ Cremation 3 ☐ Remo	OVBI from State cem	etery crematory or oth	er place)		1		CATION — (wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	N N	ew Cathed	lral Cem	1. 1.	-6-92	Bal	to.,	Md.	
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE			C. Mill					
	1 Sen X	La Paris						17.1	0.1.0	
	23. PART i. Entar the diseases, or o	omplications that advance	labor do sale. Do so	1 0413	Belair	ка. ва.	Lto.,	Md.	212	06
	shock, or heart failure.	List only one cause on e	ICh line.						est,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	1701	1	-	Vai	i i	-			Onset and Death
	resulting in death)	1700	VATO	uce	A OF	2ne	leli	/		
		DOE TO JOH AS A	CONSEQUENCE OF	-	/		1			
z	Market Landson	Cda	here	oa l	1/10/	100	-/-	to	-	1 1
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	-	,					
X	cause. Entar UNDERLYING									1
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEDUENCE OF):							
E	resulting in death) LAST									j l
B		A								
1	PART II. Other significant conditions	s contributing to death b	ut not resoliting in	the underlying	cause Swen In	Part i. 24	. WAS AN	AHTTOPSY	245	WERE AUTOPSY FINDINGS
DICAL		cont a	speid		1.1		PERFORI		240	AVAILABLE PRIOR TO
	17.	O B	The same	non	1100	emor	NES 2	NO		COMPLETION DF CAUSE OF DEATH?
Σ	- AL	east 6	- Na	ucke	chet-	4)		1 TYES 2 ND
ž I										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C	heck only one)				
S	1 ZYES 2 NO	HOSPITAL:		OTHER:	5 🗆 Rasidenca	6 Other (Cr	and d			
Ŧ	27. MANNER DF OEATH	28a. DATE OF INJURY	28b. TIME			28d. OESCRI		HIBY OCC	TIPEO	
	1 Natural 5 Pending	(Month, Day, Year)	INJUI	NO WO	RK?	Lou. OLGON	DE NOW IN	JUNI OCC	OHEO	1
B	2 Accident Investigation	20- DI 105 OF IN 1100		M 1 7						
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, str f(y)	eet, factory, office		28f. LOCATID	N (Street as	nd Number	or Rural Re	oute Number,
E.	- Committee									
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the beat of my knowl	edge, death occurred	at the time date	and place, and du	to the course) and man		-	
<u> </u>		R: On the basis of examination								
8			(De la Common, de	and occurred at the	time, data and	placa, and	dua to the	1 cause(a)	and mannar as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	-	00	1	29c. LICENSE NU	MBER	-0	29d. DATE	SIGNED	(Nonth, Day, Year)
	Mailest	Informa	elle	acu	1)0	938-	3	1/	11/	92
2	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH (ITEM 27) (Type, P	rint)	,			0	16	0.5.0
	(harles Fix	211) 000001	1M1 >-	MAR	1/2-/	141.	10 -	90	110	2/2/0
	31. DATE FILED (Month, Day, Year)	7 32. REGISTRAR'S SIGNA	TURE	100/	4 ur pe	1-400	J5 6	-(1	205	S MRUS
	JAN 07 1992	ina Lavidson Ro	ndell.							/
- 11	AUII A. MAC	1								



SHINL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYG
REGISTRAR	CERTIFICATE OF DEATH	REG

1 - STATE REGISTRAR		STATE OF N					EALTH AND	MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (FIRE GERTRUD	t, Middle, Last) E E . EV	ESON						MONT	UARY 4		EAR	8:50 P
4. SOCIAL SECURITY NUM 213-28-121	1	5. SEX 1 M 2 F	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH / h, Day, Year) 4, 191	16.		CE (State or Foreign
90. FACILITY NAME (IT not 7700 OAKL	EIGH RO					LTI	MORE	EATH		9c. COUNTY BALT		
7700 OAKL RESIDENCE OF DE 100. STATE MARYLAND	10b. COUNTY	THORE		10c. CF	TY, TOWN C							. INSIDE CITY LIMITS?
		IMORE		1			ZIP CODE			10g. CITIZEN	OF WHAT	
7700 OAKL 11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDEN' FORCES? 1	YES 2	NO	1	If yes, ep	21234 ENDENT OF HISPAI Holfy Cuban, Mexico	n, Puerto			RACE - / Black, Wh	Americen Indian,
3 Widowed 4 XDN	orced CEDENT'S EDUCA	IF YES, GIVE W		DECEDENT'S			2 XNO Specif		. KIND OF BUSI	NESS/INDUST	Specify:	WHITE
15. DE (Specify of Specify of Specify of Specify of Specify of Specify Specification of Spe	nly highest grade o	College (1-4 or 5 +		(Give kind of the. Do NOT L	work done	during mo	st of working	100	BAKERY			
17. FATHER'S NAME (First, ALBERT J							16. MOTHER'S NA		Middle, Malden S		- 0111	
JAMES S. E		JR. (SO					ROAD,				,	
20a. METHOD OF DISPOSI 1A Burial 2 Cremat 4 Donation 5 Other	ion 3 🗆 Remov	ral from State	20b. PLAC other		SITION (Na	me of cen	netery, crematory or		20c. LOC	ATION — City	or Town,	
21. SIGNATURE OF FUNER	AL SERVICE LIG	HOEE				SCHI	MUNEK FU BELAIR	JNERA	L HOME	S. TNO	7.	21236
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	a. Itions, edieta YING ury b.	DUE TO	(OR AS A CONS	EOUENCE (OF):							Onset and Death
PART II. Other signific	ant conditions	contributing to	death but not	t reaulting	in the ur	nderlyin	cause given in	Part I.	24a, WAS AN A PERFORM	IED?	COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED EXAMINED 1 DAYE 2 NO 27. MANNER OF DEATH		HOSPITAL:	E2/0.4-41-2	a (1 pa)	OTHE	R:	ACE OF DEATH (C					
	Pending	26e. DATE OF (Month, D	INJURY	26b. TI	1	28c. INJ WO	URY AT RK?		SCRIBE HOW IN	JURY OCCUR	IED	
2 Accident 3 Suicide s 4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	, atreet, fact			2st. LOC City	CATION (Street ar or Town, State)	nd Number or	Rural Route	Number,
296. SIGMATURE AND TITI	E OF CERTIFIER	IAN: To the best of e. On the basis of e. COMPLETED CAUSE	commetion end/o		lon, in my o			time, dete		due to the c	-	d manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIER	COMPLETED CAUSE	commetion end/o	TEM 27) (Typ	lon, in my o		eath occured at the	time, dete		due to the c	-	-



ALBERT JAMES FISCHER **SOCIAL SECURITY WASHER OF LAND AND STATES AND AND AND STATES AND AND AND AND AND AND AND AND AND AND		1. DECEDENT'S NAME (First, Middle, Last)			ENTIF	ICATE	Ur	DEA	Н	2. DATE OF DE	i. NO.		3. TIME OF DEATH
26. BO 5 8743 IN W 1 OF 78 YEAR AND LOCATION OF DEATH SECRETIVE ADME OF DEATH OF DEATH SECRETIVE ADME OF DEATH OF DEATH SECRETIVE ADME OF DEATH OF DEATH SECRETIVE ADME OF DEATH OF DEATH SECRETIVE ADME OF DEATH OF DEATH SECRETIVE ADME OF DEATH OF DEATH SECRETIVE ADMENTION SECRETIVE ADMENTION SECRETIVE ADMENTS SECRETIVE ADMEN			MES FISC	HER						Jan.	3, 1992	YEAR	
See COUNTY OF BEALT MADE AND EXCEPTIVE ONE AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF A COUNTY OF DEATH BALL STATUS OF AND A COUNTY OF A COUNTY		268 05 8743	1 ₹ M 2 □ F							7. DATE OF BIR (Month, Day, 1) Aug. 1	TH 5, 1913	8. BIRTI Count	IPLACE (State or Foreign Y) KY
196. STREET AND NUMBER 470.2 KETTINGOID AVE. 197. WAS DECERDENT OF THE PARTY OF NUMBER 198. STREET AND NUMBER 470.2 KETTINGOID AVE. 198. STREET AND NUMBER 198.		4702 Kernwood A				9b. CITY							
Baltimore No. STREET AND NUMBER 4702 KEPTIMO DAVE 10 x MS OCCIDENT FUTH IN U.S. AND PROCESSORY 20 x MS OCCIDEN			v		1 40 00	-							
4702 KETIWOOD AVE. 11. MARIAN STRUE 12. NAS DECEMBERT COMMENT OF MARIANCE CONTINUES 15. NESS 2 2 80 11 12 22 80 11 12 80 11		MD			10c. CI								LIMITS?
PORT Wide Warried 22 Married FOOCEST (2) YES 2 MO WITH		4702 Kernwood A					10				10g. CI		
SA DECEMBER'S BUNCATION Security SA DECEMBER'S BUNCATION Ship Building Ship Fitter Ship Building Ship Fitter Ship Building Ship Fitter Ship Building Ship Fitter Ship Building Ship Fitter Ship Building Ship Fitter Ship Building Ship Fitter Ship Building Ship Fitter Ship Building Ship Fitter Ship Building Ship Fitter Ship Fitter Ship Building Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Building Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Fitter Ship Building Ship Fitter Ship Fitt		1 Never Married 2X Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. A YES 2 MAR OR DATES II	NO	,	f yes, sp	ecify Cube	n, Mexice	n, Puerto Rican, e	ify Yee or No— lc.)		
Ship Fitter Ship Building Tr. PATHER'S NAME (PERI, Media, Masken Demand) Ship Fitter Ship Building Tr. PATHER'S NAME (PERI, Media, Masken Demand) Elizabeth Richardson	ı	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a, C	DECEDENT'S	USUAL OC	CUPATI	ON of working		16b. KIND (F BUSINESS/IN		
Albert Matthew Fischer 196. NORMANTS NAME (Properties) 197. James Matthew Fischer 206. METHOD OF DISPOSITION 178. NORMANTS NAME (Properties) 179. NAMELINES AND NAME (Properties) 179. NAMELINES AND NAMELINES NAME (Properties) 279. METHOD OF DISPOSITION 178. NAMELINES AND NAMELINES (Stew at All Number or Parts Place Place) 279. METHOD OF DISPOSITION 178. NAMELINES AND NAMELINES (Stew at All Number or Parts Place Place) 279. METHOD OF DISPOSITION 178. NAMELINES AND NAMELINES (Place) 279. METHOD OF DISPOSITION (Named) 279. SECURITY AND ADDRESS, CE SCAPETY AND ADDRES				+)					g		Ship	Buil	ding
206. PLACE AND DATE OF DISPOSITION 1/4 B surfax 2 Convention 3 Removal from State 206. PLACE AND DATE OF DISPOSITION Remote of commitment of control of commitment of control o			ew Fische						Eli	zabeth 1	Richard		
1. Started 2 Cremetton 3 Removed from State ADDRESS Subptreption Part 1 Part 2 Part 1 Part 2 Part 1 Part 2 Part 1 Part 1 Part 2 Part 1 Part 1 Part 2 Part 1 Part 2 Part 1 Part 2 Part 1 Part 3			Fischer	1	240	Stan	(Street a	e Roa	or Rural F	Baltimon	or Town, State, Z	ip Code)	1212
21. SIGNATURE OF FURLEY AS SERVICE LICENSEE C. Sherman Dentity, Jr. MQ0145 22. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, interval Between the diseases or condition a. C. T. T. Section of the conditions		1 X Burlet 2 Cremation 3 Rem	oval from State	20b. PLACI	EAND DATE	OF DISPOSI	TION (No	erv		DATE 2			
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch'fine. IMMEDIATE CAUSE (Final disease or condition) a. DUE TO (on As A CONSEQUENCE OF): DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEDY DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEDY DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEDY DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEDY DUE TO (on As A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events and autopsy performed or Aut		· Lastining	will he	(22 N	TTC	HELL-	WIE	DEFELD I	HOME, I	NC.	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inputant 5 Pending Investigation 3 DOA 4 Nursing Home 5 Describe How Injury Occured Winjury M 1 YES 2 NO 28. DATE OF INJURY At home, form, street, lectory, office 29. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 29. CERTIFIER (Check only one) 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LATE SIGNED (Ayonth, Day, Vear) AMAILABLE PRIOR TO COMPLETION TO COMPLETION TO COMPLETION TO TOWN 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 28. TIME OF INJURY AT NOWNER? 1 YES 2 NO 28. LICENSE NUMBER 28. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	· a	Cute (OR AS A CONSI	EQUENCE OF	MI	al	Che	W3 ./	lci	nes cont	int	2 mont
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(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		O Could Not be	28e. PLACE Of building.	F INJURY — At heetc. (Specify)	ome, ferm, s	street, lecto	ry, offici			28t. LOCATION (S City or Town,	treet and Numbe State)	or Aural A	oute Number,
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		(Check only	CIAN: To the best of ex	my knowledge, d	eath occurre	nd at the tin	ne, date	end plece,	end due t	to the cause(s) en	d menner ee ste	ted.	and manner as stated
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	-										1		
	r	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)					1 - 1	171	76
		IAN 07 1992	1 44000 NO	WICKSON-N	- I land								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	1. DECEDENT'S NAME (First, Middle, Las	121		n Luttrell	REG. NO	, ,	3. TIME OF DEATH
	Luttrell t	rainl	5		MONTH	7 9	18 25
	4. SOCIAL SECURITY NUMBER 218-32-5094	12 M 2 🗆 F		IF UNDER 1 YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/26/37		BIRTHPLACE (State or Foreld Country) Maryland
TOR	90. FACILITY NAME (# not institution, give University Hospit RESIDENCE OF DECEDENT			Baltimore	DEATH	9c. COUNT	Y OF DEATH
DIRECTOR	Maryland B	altimore.		town or Location arkville			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1396 Deanwood	Rd.		101. ZIP CODE 21234			N OF WHAT COUNTRY?
D BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED S 2 ANO DATES	13. WAS OECENDENT OF HISP, If yee, specify Cuben, Maxic 1 YES 2 XNO Specific Specifi	cen, Puerlo Rican, atc.)	s or No 1	4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	College (1-4 or 5+)		SUAL OCCUPATION & done during most of working retired.)	16b. KIND OF BU	ISINESS/INDU	STRY
BE CON	17. FATHER'S NAME (First, Middle, Last) Edgar F. Luttr			Ethe	AME (First, Middle, Malder		
5	19e. INFORMANT'S NAME (Type/Print) Elizabeth Clark			DDRESS (Street and Number or Rural Weaver Ave. B	Route Number City or Tow Baltimore, M	vn, State, Zip C Id. 212	ode) 214
	20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	movel from State	b. PLACE AND DATE OF Strictory, Cremetory of othe MOTEL and I	DISPOSITION (Name of	1/8/92 Ba		y or Town, State
		LCZ /				me Inc	•
	23. PART I. Enter the diseases, or	· Cardi	ancidation de la company	6500 York	Rd. 21212		t, Approximate interval Bate
EKIIFICATION	23. PART I. Enter tha diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	a. Corrections that cause on List only one cause on DUE TO (OR AS DUE TO (OR AS C.	aach iina.	6500 York	Rd. 21212		t, Approximate interval Bate
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ELED BY PATSICIAN: MEDICAL CERT	23. PART I. Enter tha diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 0 27. MANIVER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined	Complications that cause. List only one cause on a.	A CONSEQUENCE OF: ACONSEQUENCE OF: ACONSEQUENCE OF: Dut not resulting in OH a 4 Pertiant 3 DOA 4 28b. TIME C INJUR	the underlying cause given in the un	Rd. 21212 ch as cardiac or resp 2	AUTOPSY AMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
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the Hospital of attending proyectall.	e detached for use as the burial-transit permit. Pages 1, 2, 3 should	t once.
AL OR ALENDING PHYSICIAN: THE TAW REQUIRES UTAL THE DESCRIPTION OF THE DESCRIPTION OF THE PROPERTY OF THE PROP	ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ML OR ALLENDING	AL DIRECTOR: After 72 hours after death	If Item 28 is ma

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Michael	J.	F	ury	2. DATE MONT	OF DEATH	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-26-8548 9a. FACILITY NAME (If not institution, give st Stella Maris Ho;	1 M 2 F	61 YRS. MON	INDER 1 YEAR IF UNDER 24 HR THE DAYS HOURS MIN CITY, TOWN OR LOCATION OF	O /		8. BIRTI Cour	M D DEATH
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, STREET AND NUMBER 1380+ SAT 11. MARITAL STATUS	DSVONFIS	LO DRIV	13. WAS DECENDENT OF HIS	PANIC ORIGIN	N? (Specify Yea or No-). - 14, RA	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? S A E American Indian,
1 Never Merried 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	IF YES, GIVE WAR OR DE	16a. DECEDENT'S USU	AL OCCUPATION	ecify:	o. KIND OF BUSINESS	Spi	ck, White, etc.
17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print)	orbs Flu	RY 19b. MAILING ADD	18. MOTHER'S RESS (Street and Number or Ru	GAR	Middle, Maiden Surnam	HERST	y Haines
20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	bb. PLACE AND DATE OF Commelany, crematory or o		FACILITY FOR	Park	I — City or	Town, Stata
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. METAST. DUE TO (OR AS DUE TO (OR AS C.	each ilna.	PAR CINON		diac Dr reapiratory	arrest,	Approximata interval Betwee Onset and Dea
PART II. Other algnificent condition	d	but not resulting in t	ne underlying ceuse giver	in Part I.	24a. WAS AN AUTOF PERFORMED? 1 YES 2 KNO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YE NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA 4 [26. PLACE OF DEATH THER: Nursing Home 5 Resider 28c, INJURY AT WORK?	nce 6 1 Oth	- N - N	occured	
1 5d Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spe	tY — At home, larm, stree ecify)	M 1 YES 2 NO	261. LO	CATION (Street and Nu. or Town, State)	mber or Rure	il Route Number,
ana)	ER: On the basis of examination		the time, data and place, and in my opinion, death occurred at 29c. LICENSE D 27.	the time, dat	e and place, and due	DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE Carla S. Alexand 31. DATE FILED (Month, Day, Year) 1 \(\text{N} \) \(\text{N} \) \(\text{7} \) \(\text{1002} \)		ella Maris	1()		alley Rd.	-Tows	o5/92 son 21204

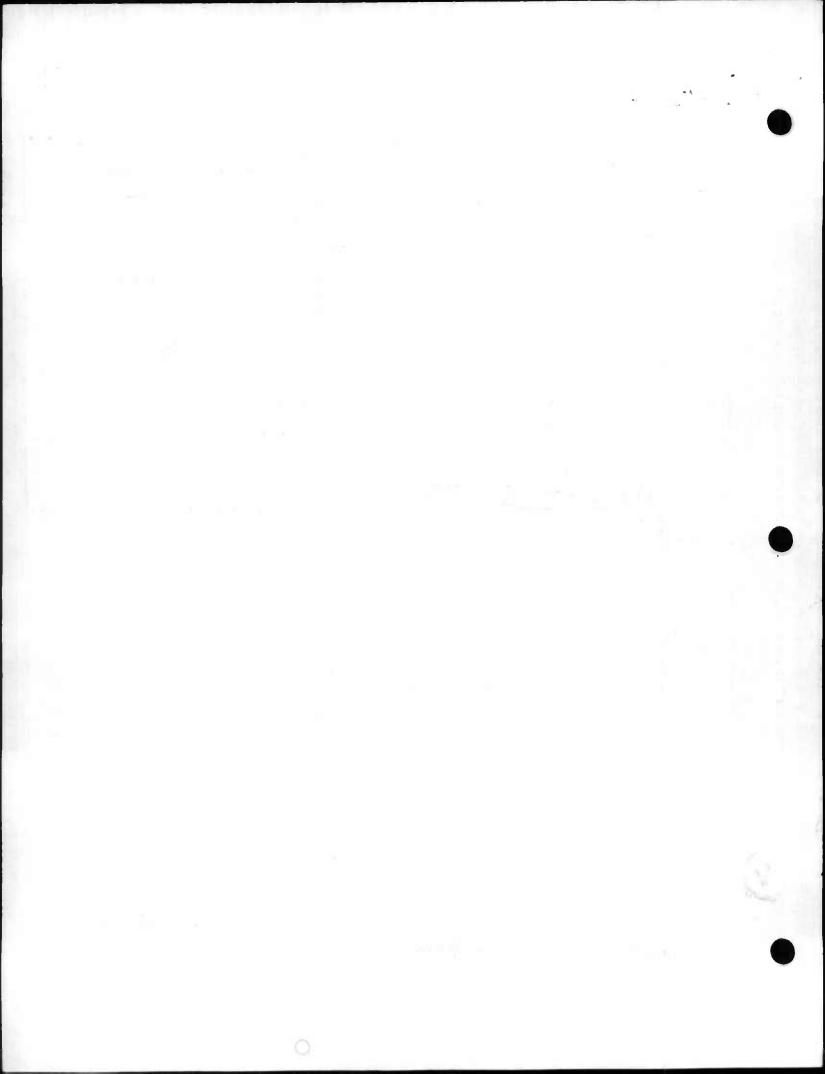
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THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1. DECEOENT'S NAME (First, Middle, I		CECETTA	PDI	מששי			2. DA	REG. NO	05	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	THELMA (6. AGE (in yrs. i		TEK	EAD T	IF UNDER 24 HRS.	7.50		05		1.000.
	214-033240	1 🗆 M 2 🔍 F		YRS.			HOURS MIN.	(Mi	TE OF BIRTH onth, Day, Year)		Counti	
	9e. FACILITY NAME (If not institution,		81		ah CITY Y	WAL OR	LOCATION OF D		12-10	I		ZLAND
СТОВ	CHURCH HOSE	PITAL CORP					IMORE		'Y	9c. COU	INTY OF D	DEATH
DIRE	MD BAI	TIMORE			Y, TOWN OR I		ON		-			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
AL.	10e. STREET AND NUMBER					10f. 2	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNER	2806 KINGS RIDG						21234			U.	S.A.	
F	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1 [EVER IN U.S.	RMED	13. WAS	OECE!	NDENT OF HISPAN	NIC ORK	GIN? (Specify Ye	s or No-	14. RACE	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA					NO Specifi		o modii, VIG.)		Speci	ity:
0	15. DECEDENT'S	EDUCATION	40. 0	NECEDE LINE	USUAL OCCU	DATE						WHITE
ETE	(Specify only highest :	grade completed)		Give kind of using Do NOT us	work done durin	PAITON ng most	of working		6b. KIND OF BU	SINESS/IND	DUSTRY	
7	8th	College (1-4 or 5+) NONE		WELDE					WESTIN	СНОПС	2 F	
COM	17. FATHER'S NAME (First, Middle, Last			WEIDE			18. MOTHER'S NA	ME /Ei-)Ľ	
Ш	RICHARD SCHMO									Sumame)		
00	19e. INFORMANT'S NAME (Type/Print)	, 111	1	19b. MAILING	ADDRESS (%	med een	BLANCHI Number or Rural I			un Cana	o Carte	
5	SHIRLEY MEDWA	RDS- Edmor										
	20e. METHOD OF DISPOSITION				EAST I		LE RD. I	-				
	1 Buriel 2 Cremation 3 4 Donetion 5 Other (Specify)	Removal from State	cemetery, c	rematory or o	ther place)					CATION —		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	METR	O CRE	MATORY 1 22, NAM		ADDRESS OF FA	7 <u>⊢8</u>	-92 BAL	TIMOR	KE, M	ID
	> 1\a	-	hank				LETON FU		RAL HOM	E		
	23. PAST 1 Star tha diseases,	2	1000	-	1	SEC	COND AVE	E. S	.W. GL	EN BU	JRNIE	, MD 2106
	H resulting in death)				_	,						
TIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in dasth) LAST	DUE TO (0	OR AS A CONSE	EOUENCE OF	7):							
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YSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. Arrytt, In, 6 HOSPITAL: 1 Inpatient 2 I	OR AS A CONSI	EQUENCE OF FOURIER STATE OF THE PROPERTY OF TH	n the under Lun Constant	fylng o	CE OF OEATH (Che	eck only	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other eignificant conditions in daeth LAST PART II. Other eignificant conditions in daeth LAST PART II. Other eignificant conditions in daeth LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	DUE TO (C) DUE TO (C) DUE TO (C) d. Ritions contributing to d CV P. Re Arrytti in , 6 HOSPITAL: 1 Inpatient 2 1 28a. OATE OF III (Month, Day)	OR AS A CONSI	EQUENCE OF FORTH	other:	S 6. PLAC	CE OF OEATH (Che 5 Reeldence	eck only	PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions are supported by the condition of	DUE TO (C) DUE TO (C) DUE TO (C) d. Itions contributing to d CV P. Re Arryttim; A HOSPITAL: 1 inpatient 2 1 28a. OATE OF III (Month, Day)	OR AS A CONSI	EQUENCE OF FOURTH TO THE PROPERTY OF THE PROPE	other:	flying of the first of the firs	CE OF OEATH (Che	eck only 8 On 28d. O	PERFOI 1 VES 2 one) her (Specify) ESCRIBE HOW I	RMED?	CUREO	AMALASLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Y PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant conditions of the condition	DUE TO (C. DUE TO	OR AS A CONSI	EQUENCE OF FOURTH TO THE PROPERTY OF THE PROPE	other:	flying of the first of the firs	CE OF OEATH (Che 5 Reeldence	8 Ott 28d. 0	PERFOR	RMED?	CUREO	AMALASLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other eignificant conditions in the condition of the condition of the condition of the condition of the condition of the ceuse	DUE TO (C. DUE TO	OR AS A CONSI	EOUENCE OF FOURIER OF TRANSPORT	n the under LUR OTHER: 4 Nursing E OF 28c URY M 1	tying c	CE OF OEATH (Che 5 Revidence IV AT 75 2 NO	eck only 8 Oti 28d. 0	PERFOI 1 VES 2 one) her (Specify) ESCRIBE HOW I CATION (Street by or Town, State)	NJURY Occ	CUREO or Rural Ri	AMALASLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other eignificant conditions in the condition of the condition	DUE TO (C. DUE TO	OR AS A CONSI	EQUENCE OF FOURIER OF TABLE TO THE TABLE TO	n the under LUR OTHER: 4 Nursing E OF 28curry M 1 treet, factory, d at the time,	6. PLAC	CE OF OEATH (Che 5 Raeidence NY AT CS 2 NO	8 Ott 28d. O	PERFORM 1 VES 2 one) her (Specify) ESCRIBE HOW I CATION (Street by or Town, State) euse(e) and man	NJURY Occ	CUREO or Rural Ri	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CERTI	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other eignificant conditions in the condition of the condition	DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. ACT Y C. ACT Y C. ACT Y C. ACT Y C. BUILDING CONTROL (Month, Deylond) Duilding, etc. HYSICIAN: To the best of m. MINER: On the basic of examination of examination of the basic of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of	OR AS A CONSI	EQUENCE OF FOURIER OF TABLE TO THE TABLE TO	n the under LUR OTHER: 4 Nursing E OF 28curry M 1 treet, factory, d at the time,	6. PLAC Home INJUR WORK WORK Office	CE OF OEATH (Che 5 Raeidence NY AT CS 2 NO	8 Ott 28d. Ott 28d. Ott to the c	PERFORM 1 VES 2 one) her (Specify) ESCRIBE HOW I CATION (Street by or Town, State) euse(e) and man	NJURY Occ	or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH'S 1 YES 2 NO
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IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

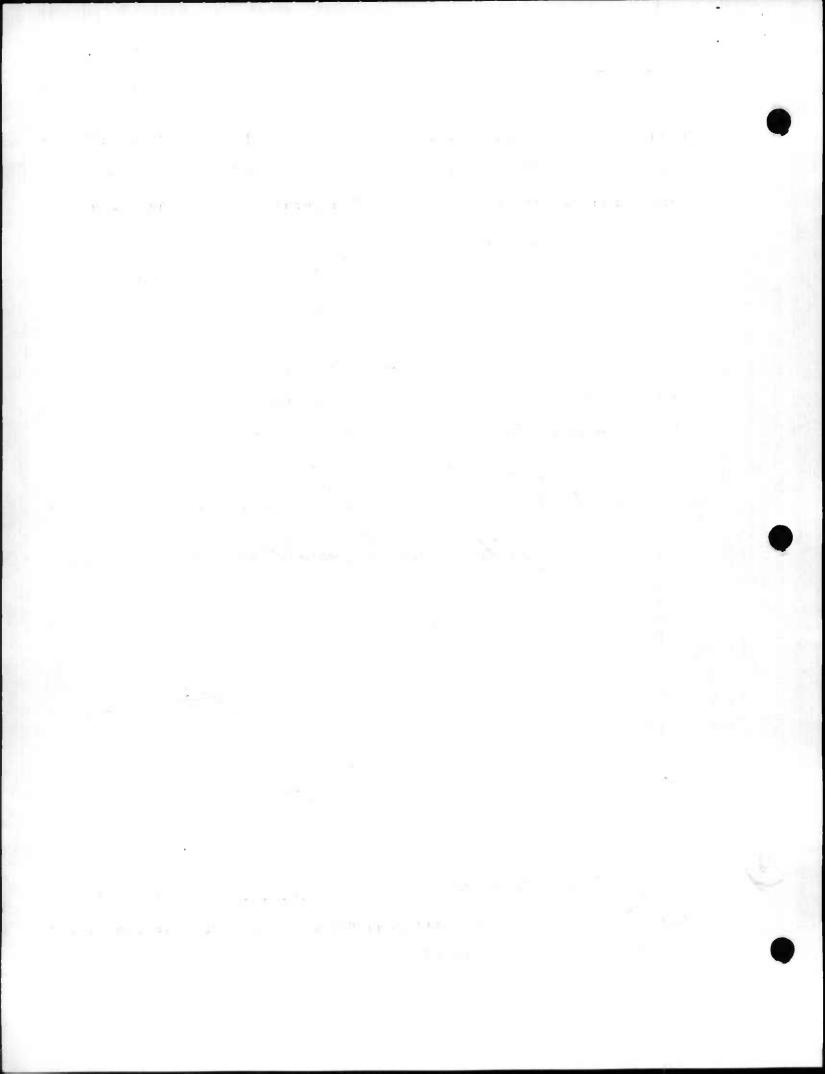
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TO BE COMPLETED BY FUNERAL DIRECTOR

92-0080-003 FOR

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1 - STATE REGISTRAR		SIMIE UF I		CERTIF					MENT	AL HYGIEN REG. NO	_		00	1012
1. DECEDENT'S NAME (First	t, Middle, Last)									TE OF DEATN			3. TIME	OF DEATN
Leon ANTH	IONY	Fial	kowsk	i					O I	мтн р. О.4	AY 1	992	6:5	5 D M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.		IF UNDER t	YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH				State or Foreign
212-74-4944		1 XM 2 F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	1	onth, Day, Year)		Coun	itry)	
9a. FACILITY NAME (If not in	nstitution, give s	reet and number)			9b. CITY, 1	TOWN O	R LOCATIO	N OF DI		7-58	9c COI	UNTY OF	YLAND)
North Aru	ndo1	Uoooito	1											
RESIDENCE OF DEC	CEDENT				<u> </u>	en	Bur	nie			LAn	ne A	run	del
10a. STATE	10b. COUNTY	·		10c. CIT	Y, TOWN OR	LOCATI	ION							IDE CITY
MARYLAND		ARUNDEL		GLE	N BUR	RNIE								S 2 X NO
10e. STREET AND NUMBER						101.	ZIP CODE				10g. CI	TIZEN OF	WNAT COU	INTRY?
7858 AMERIC	ANIA C	IRCLE AP	T. T1				2106	0			U.S.	Α.		
11. MARITAL STATUS 1 Never Married 2 X		12. WAS DECEDEN FORCES? 1		ARMED	13. W	AS DECE	NDENT OF	HISPAN	NIC ORIG	SIN? (Specify Yas		14. RAC	E — Ameri	Ican Indian,
3 Widowed 4 Divo		IF YES, GIVE V		2110	1 1	Yea, spe	2 X NO	Spec#	in, Puart y:	o Rican, atc.)		Spe	ck, White, a city:	NC.
		ши:											WHI	TE
(Specify and	EDENT'S EDUC ly highest grade	completed)	10,000	DECEDENT'S (Give kind of	work done du			7	-19	66. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5	')	life. Do NOT u										
12 17. FATNER'S NAME (First, M		NONE		FORK L	IFT O	PT.				WAGNER		CAINI	ERS	
										, Middle, Maiden	Sumame)			
LEON P. FI.		K1								GOREK				
										mber, City or Tow			21	060
PATRICIA L		KOWSKI				_		CIRC	CLE	APT.T1	GLEN	I BUI	RNIE,	MD
1 Burial 2 Crematic	on 3 🗆 Remo	oval from State	cemetery.	CEAND DATE	ther place)	(1				own, Stata	
4 Dohation 5 Other 21. SIGNATURE OF TUNERA		FLICES	GLEN	HAVE						-94 GLI	EN BU	JRNII	E, MD	
21. SIGNATURE OF CONTENA	Z /S	1,03-		-			ETON			L HOME				
1	Dival	te								W. GLEN	מוום ו	NITE	MD	21061
23. PART I. Entar the di	iseases, or c	omplications tha	caused tha	daath. Do r	not antar ti	he mod	la of dyln	ig, suci	h as ca	rdiac or reapi	ratory ar	rest,		proximata
IMMEDIATE CAUSE (Fir	aart fallura. (lat only one cau	se on each il	na.	1			A			1	7	Int	arval Batween sat and Daath
disease or condition	—	11/1	(Aria)	n low	Tie.	/	111	11	7000	r. 6		//	- 20	eat sild Daath
reaulting in death)	,	DUE TO	(OR AS A CONS	SEOUENCE OF	F):	1	v w	W L	ruge	cure	1	100		e:
													İ	
Sequentially list conditi if any, leading to imma-		DUE TO	OR AS A CONS	SEOUENCE OF	F):						-	-		
CAUSE (Disease or Inju														
that initiated events		DUE TO	(OR AS A CONS	SEQUENCE OF	F):									
resulting in death) LAS														
PART II. Other algolifica	nt conditions	contributing to	death but no	t requising	la the male	a el ul ma	alline di		D					
		ooming to	Gaatti Dat 110	t readiting :	in the ung	arrying	cauae gi	van in	Part I.	24a. WAS AN PERFOR		248	AVAILABL	TOPSY FINDINGS E PRIOR TO
									_	1 V58 2	□ NO		OF DEATH	TON OF CAUSE
													10 ES	2 🗌 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PLA	CE OF DE	ATN (Che	ock only o	one)				
1 X YES 2 NO		1 Inpatient 2	KER/Outpatient	3 DOA	4 Nursin	g Nome	5 🗌 Rasi	idence	6 🗆 Oth	er (Specify)				
27. MANNER OF DEATN		28a. DATE OF (Month, De		26b. TIM	E OF 2	8c. INJU		\neg	28d. DE	SCRIBE HOW IN	JURY OC	CURED		
9-1-2	Pending Investigation				M	1 YE		MO						
	Could not be	28e. PLACE Of building,	INJURY — At	home, farm, s	treet, factory	y, offica			28f. LO	CATION (Street a	nd Numbe	r or Rural i	Route Numb	oer,
4 Nomicide	detarmined								CR	y or lown, State)				
29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowladga,	death occurre	d at the time	e, data a	nd place.	and dua	to the co	suse(a) and man	nor no etc	tad		
one) 2 🔀 MEDI	CAL EXAMINER	: On the basis of ex	amination end/o	or investigation	n, in my opir	nion, de	nth occure	d at the	time, dat	le and place, and	due to ti	teu. he causeli	t) and man	ner as stated
296 SHORATURE AND THE		7												and the
1 110	19	A 11	11				29c. LICEN	SE NUM	BER		29d. DAT	E SIGNED	(Month, De	ny, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALIS	E OF DEATH (17	FM 271 /Em-	Print1		0.0	M	E		0.1	0	6 19	92
FRANK -	7 1	CART	Z. DEAIN (II											
31. DATE FILED (Month, Day, 1	Year)	32 BECHETON	R'S SIGNATURE	ll P	enn :	Str	eet,	В.	alt	imore	Mar	yla	nd 2	1201
IAN 07 19		24 .	-	00										
	JC	was Davids	m- Manay	مياتان										



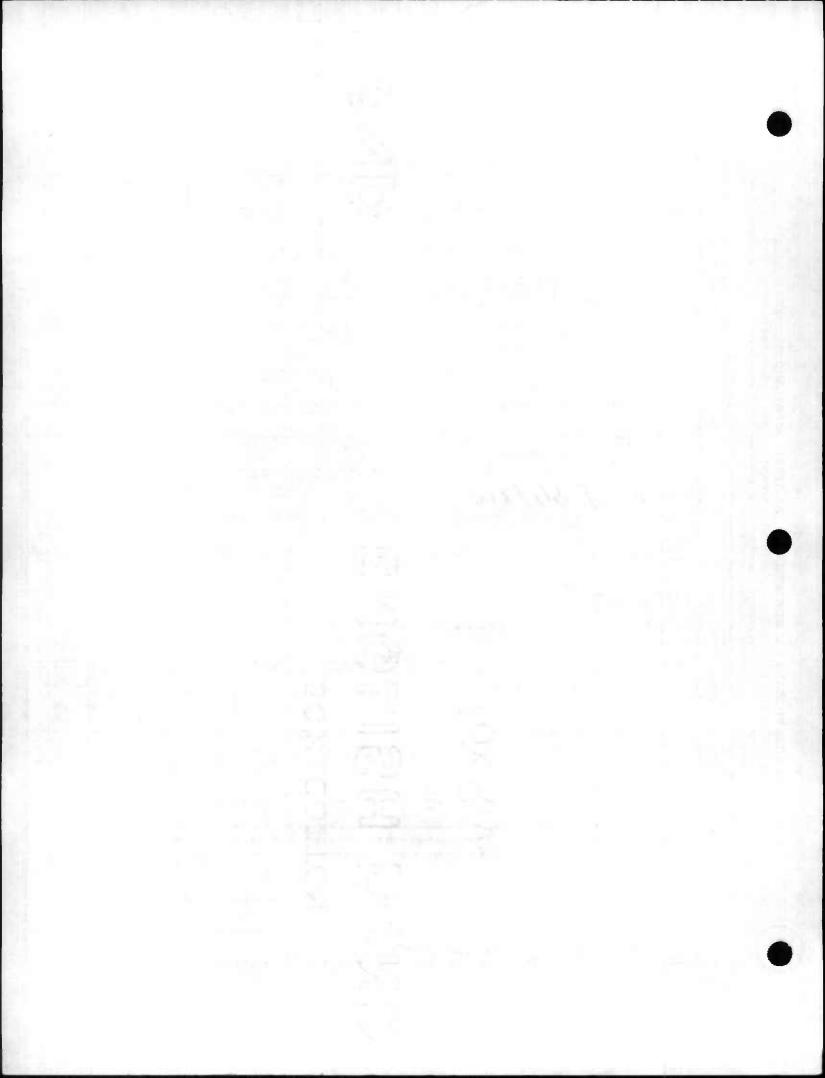
	permit. Pages 1, 2, 3 should	
YSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu of the within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	Is mark

1. DECEDENT'S NAME (First, Middle, Last) ROBERT E.	Franey Sr.			E OF I		2. DATE OF Janua	reg. No.	1992	YEAR 3. T	IME OF DEATH										
4. SOCIAL SECURITY NUMBER 212–32–4438	5. SEX 1 M 2 F	8. AGE (In yrs. last t	VRS. IF UNDI	ER 1 YEAR DAYS	IF UNGER 24 HRS.	7. DATE OF	BIRTH -1935	8.	BIRTHPLAC Country)	CE (State or Foreign										
90. FACILITY NAME (If not Institution, give s GOOD Samaritan Hosp RESIDENCE OF DECEDENT			9b. C11		cocation of i	DEATH		9c. COUNT	Y OF DEATH											
Md. 10b. COUNT	Y		10c. CITY, TOWN Baltim	ore					1 [. INSIDE CITY LIMITS? XYES 2 \(\) NO										
100. STREET AND NUMBER 6200 Walther Avenu	ue			1,500	1206			USA	N OF WHAT	COUNTRY?										
11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	ED 13	If yes, spec	NDENT OF HISPA Ify Cuban, Maxie NO Spec	en, Puerto Ric	N? (Specify Yea or No— 14. RAC Biac Wilble			American Indian, lita, etc.											
16. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 12		(Give	EDENT'S USUAL o kind of work don oo NOT use retired. anitation	e during most !)	of working	117.55		iness/indus												
17. FATHER'S NAME (First, Middle, Last) John Francy					18. мотнек's м Addie I	lofman														
Janet V. Francy			MAILING ADDRE						rode)											
20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State		NO OATE OF OIS			OATE		timore,		State										
21. SIGNATURE OF FUNERAL SERVICE LI		1			ADDRESS OF	FACILITY														
Janus Ji &	Hadan			Leonan	d J. Ruck	c Inc. 5	305 Ha	rford F	Road 21	214										
23. PART 1. Enter the disease, or shock, pr heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that List only one caus	ceused the dea se on each line.	ith. Do not ent	er the mod	e of dying, su	ich ee cerdi	oc or reepi	ratory erres		Approximete interval Betwee Onset and Dea										
23. PART 1. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	e	ceused the dea	uth. DD nDt ent	er the mod	e of dying, su	ich ee cerdi	oc or reepi	ratory erres		Approximete interval Betwee Onset and Dea										
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31. DATE FILEO (Month, Day, Year)
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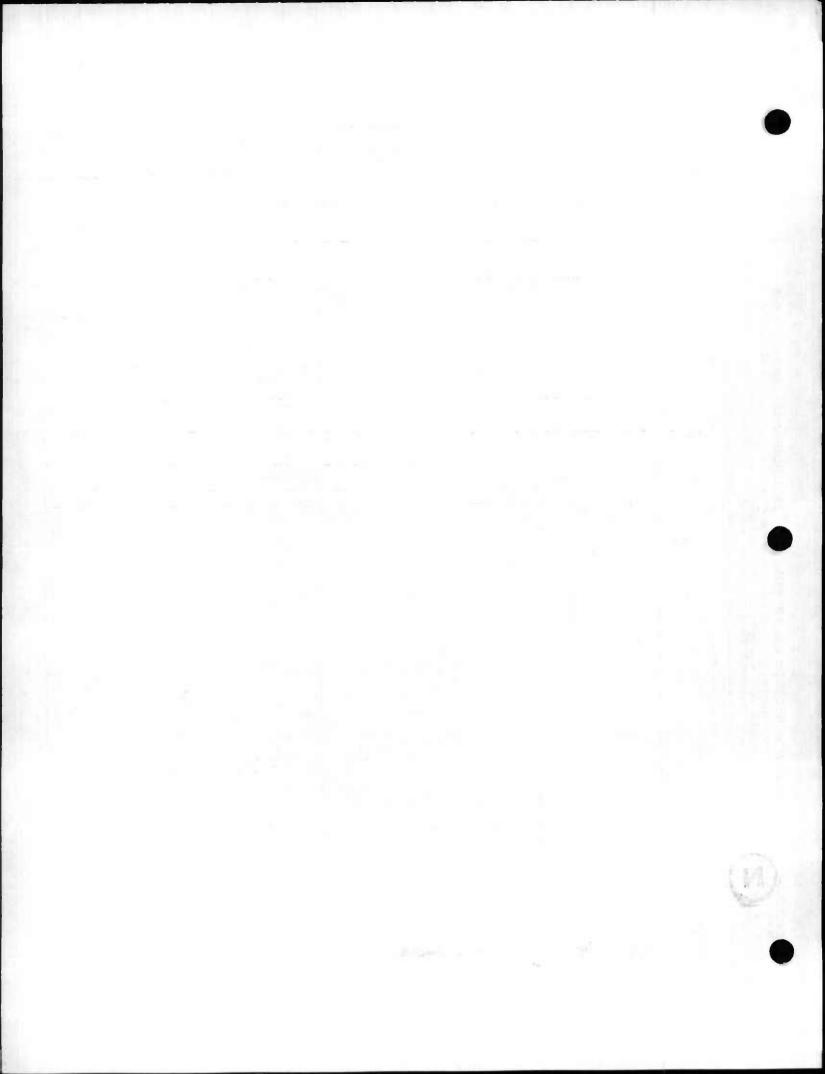
32 REGISTRAB'S SIGNATURE
Julia Davidson-Randalle

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE DR ATTENDING DEVOICENT The law requires that the death certificate he executed within 2
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF	HEALTH AND I	MENTAL HYGII		
	1. DECEDENT'S NAME (First, Middle, Last	Gilette"		illette		2. DATE OF DEATH	DAY:	3. TIME OF DEATH
	183-20-360	1X M 2 🗆 F	(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Oct 10		8. BIRTHPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give Joseph Riche RESIDENCE OF DECEDENT				or location of de	ATH	9c. COUNT	TY OF DEATH
DIRECTOR	10a. STATE 10b. COUN	w Baltimore	10c. Cf	TY, TOWN OR LOCA	imore			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 404 Tantall:	ion Court		10	r. ZIP CODE 2121	2		EN OF WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 TNO	If yes, sp	CENDENT OF HISPAN Decify Cuben, Mexicer 2 NO Specify	IC ORIGIN? (Specify n, Puerto Ricen, etc.)		U. S. A. 4. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+) N A	(Give kind of life. Do NOT u	S USUAL OCCUPATI work done during me use retired.)	ost of working		USINESS/INDU	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last) Joseph Giglio		DUST	ness ow	18. MOTNER'S NAI	ME (First, Middle, Maid a (Unkn		alon
TO B	190. INFORMANT'S NAME (Type/Print) Frances Gille				and Number or Rural R	oute Number, City or 1	own, State, Zip C	ode) Md. 21212
	20e. METNOD OF DISPOSITION 1 General Burlet 2 General Signal Res 4 Donetion 5 Gother (Specify)	S S	PLACE AND DATE	of disposition (Na other place) Memoria	ame of 1 Park			ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE 1	ellos E	2	Schi	munek F Brehms	uneral		Inc., Md. 21213
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE O	alúe m. Ofr P:	M		piratory arres	Approximate interval Betwee Onset end Deal
N: MEDICAL	PART II. Other significent condition	ne contributing to death be	ut not resulting	In the underlying	g ceuse given in F		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi	atient 3 DOA	OTHER:	ACE OF DEATH (Chec		Haspice	
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1 1	RK? /ES 2 NO	28d. DESCRIBE NOW	INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, ferm,	street, factory, office		28t. LOCATION (Stree City or Town, Stat	and Number or	Rural Route Number,
COMPLETED	299. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	EICIAN: To the best of my knowle ER: On the basis of examination	edge, death occurr end/or investigation	ed at the time, date	end piece, and due to	o the ceuse(s) end m	enner es stated	euse(s) end menner es atated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	tephens My)		29c. LICENSE NUME			HONED (Month, Day, Hear)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TEWILL	Print) MI)	21217			
	31. DATE FILED (Month, Day, Year) JAN 07 1992	32. REGISTRAR'S SIGNA Juna Davidson						



YEAR

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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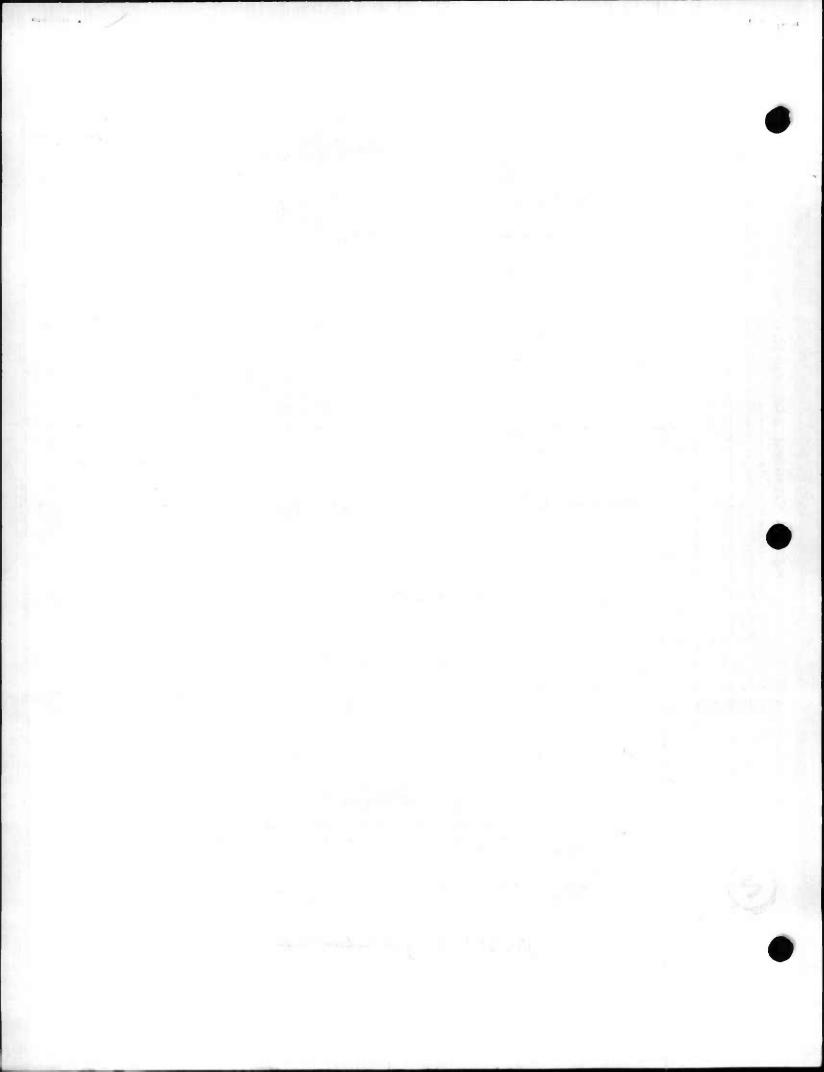
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Elizabeth Garland, Elizabeth L. Garland 92 01 02 2 OZOOAM 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 216-74-0473 1 M 2 M F 89 120/02 Maryland i by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal. 9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meran DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Balto.City, Md. Maryland YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21230 USA 1600 Webster St. iours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whita_atc, Specify: White FORCES? 1 YES 2 THO 1 Never Married 2 Married BY 1 YES 2X NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th.Grade Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 0gle notified at Henry В. Grieb Mary E. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 14105 Greencroft Lane, Cockeysville, Md. 21030 Mr. James P. Garland be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Burial 2 Commation 3 Removal from State
4 Donation 5 Other (Specify) must New Cathedral Cemetery 1/4/ Balto.City, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCUlly Funeral Home. 130 E. Fort Ave medical filled in by t 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onaet and Daath 0 the P IMMEDIATE CAUSE (Final the attending physician and completely fille Mental Hygiene prior to burial, cremation, disease or condition Malignant arrhythmia
Due to for as a conseduence of: resulting in death) other traumatic event, CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, laading to immediata cause. Enter UNDERLYING certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST 50 death o Item 23 shows any Injury, PART II. Other significant conditions contributing to death but not requiring in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY of Health and N 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? certificate has been sight the State Dept. of He 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 5 | Other (Specify) SPITAL DR ATTENDING PHYSICIAN: 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? The HINERAL DIRECTOR: After this cannot be a properly with the properly of item 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Sulcida 28a. PLACE OF INJURY — At home, farm, atreat, factory, offica building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TILE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 NONE meddy 92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LINDA 301 5+ 31. DATE FILED (Month) Day, Year) 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

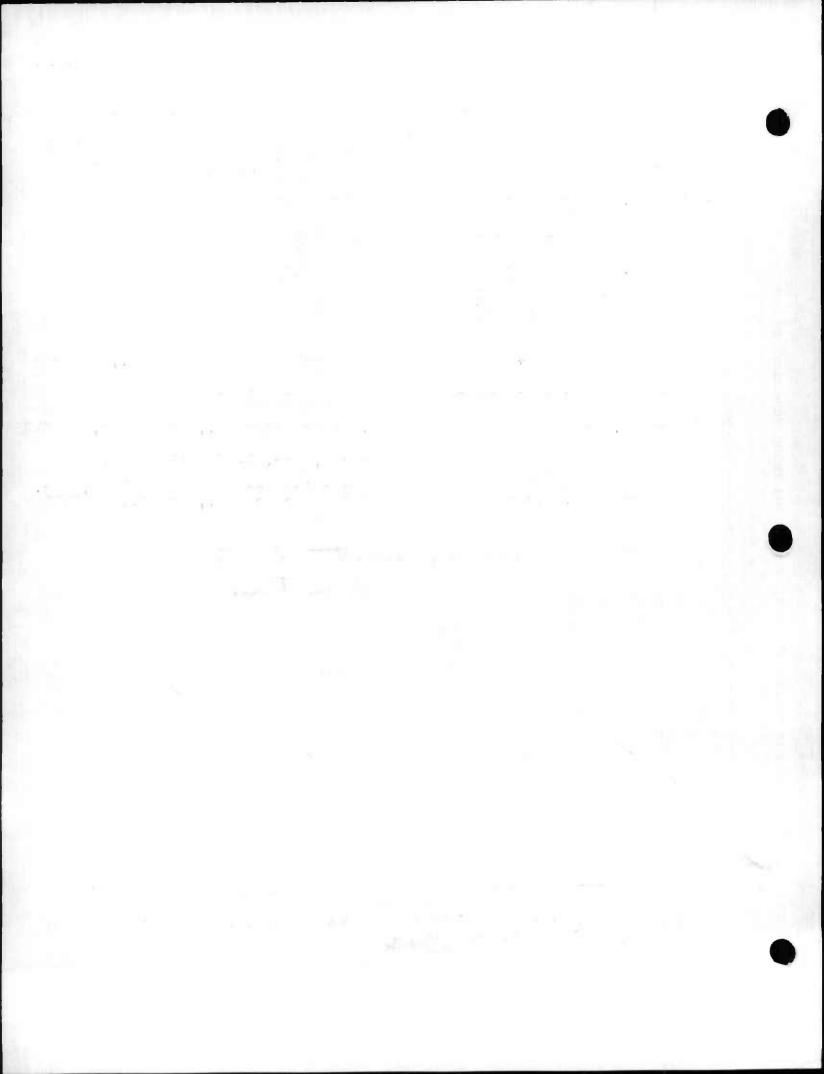
2. DATE OF OEATH MONTH



nding physician.	the hurial transit normit Boose 1 2 2 should	and constitution politics, rages 1, 2, 3 should	
M. OH ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hursal-transit pages 4 3 2 ass.	Debours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
100	TO THE FI	be filed **	IMPORTA

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	REALTH AND I	MENTAL HYGIEN	-	2 00:00
DECEDENT'S NAME (First, Middle, M	Welter E	ter Earr	ishaw	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH	01-05-	AR M
216-20-0566 9e. FACILITY NAME (If not Institution,		O YAS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	23 N	laryland
				kville	AIR	Bal	timore
2904 B. Kings RESIDENCE OF DECEDEN 100. STATE 10b. CO Maryland	Baltimore	10c. CITY,	town or locat Par	kville			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10. STREET AND NUMBER 2904 B. Kings 11. Marital Status	s Ridge Road		101	21234			DF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IN U.S. ARMED 2 NO DATES	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexicer 2 NO Specify	IC ORIGIN? (Specify Ye I, Puerlo Rican, etc.)		ACE — American Indian, Black, White, etc.
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)	grade completed)	18e. DECEDENT'S US (Give kind of wor lile. Do NOT use	SUAL OCCUPATION done during more retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	
12	College (1-4 or 5+) 5+	School		ipal			., Schools
w Walter Blanc		haw			NE (First, Middle, Maiden	,	los
19a. INFORMANT'S NAME (Type/Print)	a a h a viv			nd Number or Rural R	oute Number, City or Tow	n, State, Zip Code)
Joan H. Eary 20. METHOD OF DISPOSITION 1 Burlet 2 X Cremation 3	200	b. PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c LC	CATION - City o	lle, MD 212
4 Donetion 5 Other (Specify)	N	letro Cre		y, Inc.		altimo	ore, MD
George E	C. THE		Crem	ation S	ociety o	f Mary	land, Inc. , MD 21228
23. PART I. Enter the diseases,		d the deeth. Do not	enter the mo	de of dying, such	es cerdiac or resp	iratory errest,	Approximate
iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	0 1.		rest	- 2	oto		intervei Between Onaet and Death
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	Bra	in tu	niv		
PART II. Other significant condi	tions contributing to deeth b	out not resulting in	the underlying	ceuse given in F	Part I. 249. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ACE OF DEATH (Chec	ck only one)		
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outs 25e. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	PROBLEM STATE OF THE STATE OF T	Other (Specify) 26d. DESCRIBE HOW II	NJURY OCCURED	
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, stre			281. LOCATION (Street a City or Town, State)	and Number or Rur	al Route Number,
29e. CERTIFIER 1 CERTIFYING PA	HYSICIAN: To the beet of my know	ledge, death occurred a	nt the time, date of	and piece, and due to	o the cause(s) and men	iner se stated,	e(e) end manner se stated.
299. SIGNATURE AND TITLE OF CENTS	FIER			29c. LICENSE NUME			IED (Month, Day, Year)
20. NAME AND ADDRESS OF PERSON	THE MD, 7	FACP	3640		h Ln	Ritt	ms 21215
JAN 0 7 19	92 Fishe Davids	ATURE Rindall					

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	ttending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundal-transit permit peace 1.2	caffe	
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vithin 24	pletely fill	remation,	ent, the
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ath certin	ttending p	al Hygien	, or oth
at the de	by the al	and Ment	y injury
eduires m	bangis na	f Health	nows an
The law requires that the death certificate be executed within	. After this certificate has been signed by the attendin	s after death with the State Dept. of Health and Mental Hygiene prior	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN	certificat	h the Stal	d, or ite
DING PHY	After this	death wit	s marke
H AI IEN	RECTOR:	urs after	im 28 is
SPIIAL O	VERAL DI	in 72 hor	IT: It ite
H H	TO THE FUNERAL DIR	be filed within 72 hours after	APORTANT: It item 28
2	2	2	=

92 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH GRETZ, CHARLES WILLIAM January 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 220-05-0046 1 X M 2 | F Pennsulvania November 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH C. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore N/A 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6916 Sollers Point Road United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TYNO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black. White, atc. 1 Never Merried 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 7th grade Foreman Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Sumame) John Gretz Mary Harper 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Jown, State, Zip Code) 6916 Sollers Point Road Baltimore, Md. 21222 Mrs. Ida May Gretz 20s. METHOD OF DISPOSITION
1 1 Disposition 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Gardens of Faith -4-92 Baltimore. Maryland 21. SIGNATURE QE FUNEBAL REBVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Md. 21222 2. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart failure. List only one causa on each line. **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) rensin CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 NO 1 - Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicida 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion BE

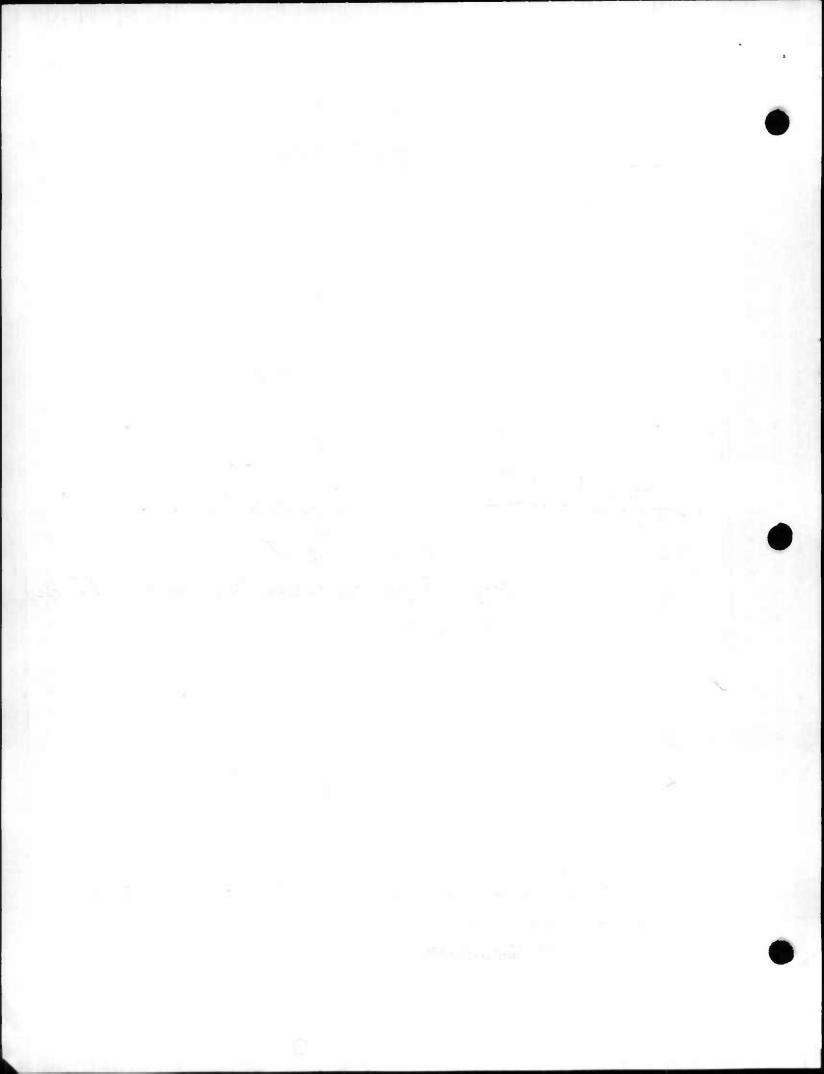


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30. NAME AND ADDRESS OF PERSON WHO C

Savidson-Randalle

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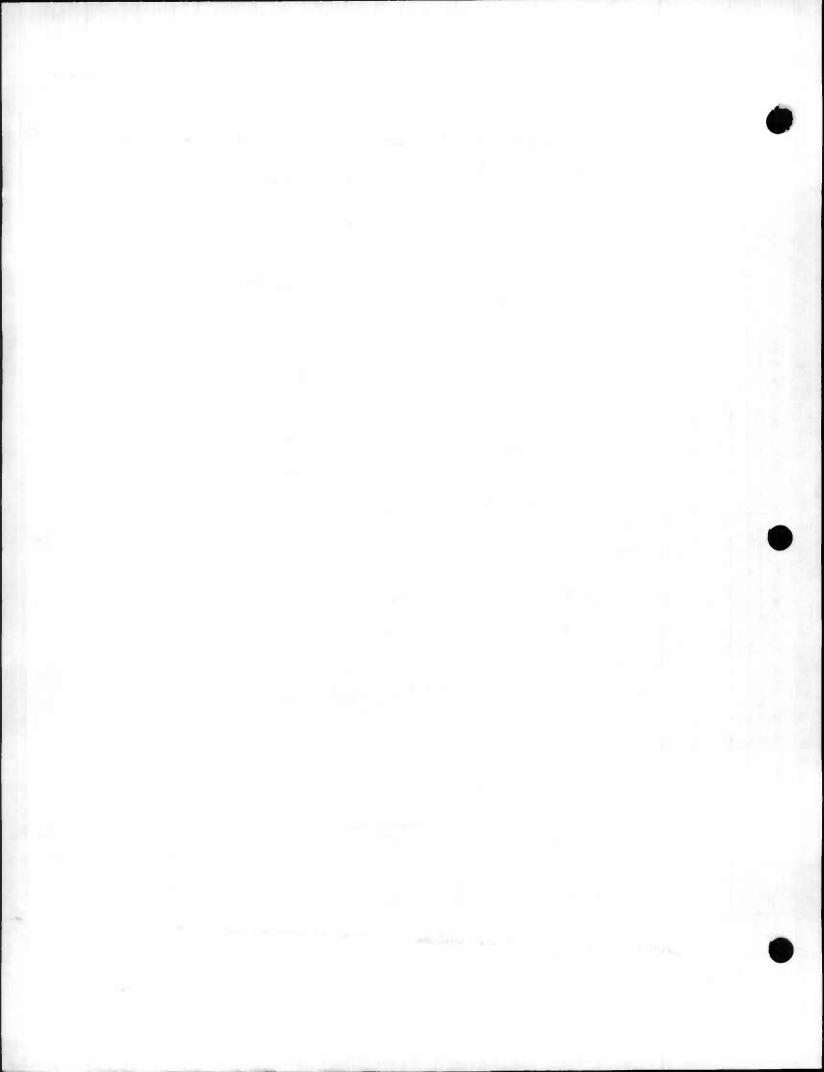


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within the State part, of Health and Mental Hydien print to hand, completely filled.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFIC	MENT OF H ATE OF	EALTH AND MI DEATH	ENTAL HYGIENE REG. NO.	26	00100
	MARY HENRIET		HALL		DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1 🗆 M 2 🖔 F		UNDER 1 YEAR NTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 8-7-1927	Court	NPLACE (State or Foreign try) TH CAROLINA
99. FACILITY NAME (If not institution, give		96	BALTIM	R LOCATION OF DEAT		c. COUNTY OF I	
10a. STATE 10b. COUNT	TY .	10c. CITY, TO	BALTIM				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 740 POPLAR GROV				21216		USA.	WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	2.4∑NO	if yes, spe	ENDENT OF HISPANIC polity Cuben, Mexican, I 2 NO Specify:	ORIGIN? (Specify Yes or P Puerto Rican, atc.)	Spec	E — American Indian, ik, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5+)	a. DECEDENT'S USL (Give kind of work life. Do NOT use rel UNEMPLOY	done during ma: tired.)	N st of working	16b. KIND OF BUSINE		
I ROI WRINWICK					(First, Middle, Meiden Surn JETER WRINW		
190. INFORMANT'S NAME (Type/Print) GEORGE A. HALL					te Number, City or Town, St.		APT. 7N
20a METNOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	noval from State cemeter.	ACE AND DATE OF DE ry, crematory or other I BUTUS CE	SPOSITION (National National N	me of	DATE 20c, LOCATI	ON — City or To	
- Charle	ne D.B	1	JOSEP1 1913 W	. BALTIMORE	N JR. FUNER	D. 21223	E, P.A. : P.O. BOX 443
23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Due To (OR AS A CO	Calma.	anter the mod	de of dying, such a	s cardiac Dr respirato	ory arreat,	Approximate interval Between Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b						
PART II. Other algnificant condition	ne contributing to death but r	not resulting in the	ne underlying	cause given in Per	240. WAS AN AUTO PERFORMED	17	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 -NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PL	ACE OF DEATH (Check	only one)		
27. MANNER OF DEATN 1 Return 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		Nursing Nome 28c. INJL WOI		Other (Specify) Id. DESCRIBE NOW INJUR	TY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, street			If. LOCATION (Street end N City or Town, State)	lumber or Rural I	Route Number,
290. CERTIFIER 1 CERTIFYING PNYS Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my knowledge ER: On the beele of examination end	e, death occurred at	the time, data on my opinion, de	end place, and due to t	the cause(e) and menner of	ne stated. e to the ceuse(e	e) end menner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	SP K-R	in.		29c. LICENSE NUMBE		1. DATE SIGNED	(Mgnth, Day, Yeer)
31. DATE FILED (Month, Day (Man)	32. REGISTRAN'S SIGNATURE		t)				



THE THE PARTY OF T	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burs after death with the 2step begin, of Health and Mental Hygher point to burial, ceremation, or removal.
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	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DE CER	PAR TIFI	TMENT OF H	EALTH DE A	AND I	MENTAL	HYGIEN		92	00169
	1. DECEDENT'S NAME (First, Middle, Last)				0,1112 01	ULA			OF DEATH			3. TIME OF DEATH
	DENNIS	JAM	ES		HANDLI	R		MONTH	0	AY 1	992	3:02 a
	4. SOCIAL SECURITY NUMBER	1	8. AGE (In yrs. last birth	nday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE C	F BIRTH	د ،	_	PLACE (State or Foreign
	213-36-7257	1 💢 M 2 🗆 F	52 Y	RS.	MONTHS DAYS	HOURS	MIN.	(Month,	Day, Year) 06-39		Countr	Maryland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN C	R LOCAT	ION OF DE		-	l en coi	UNTY OF D	
DIRECTOR	#19 TREEWAY CO	OURT #1D			TOWSO						LTIM	
	Maryland Ba	ltimore	100		TOWN OR LOCAT	ION		-				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	19 Treeway Court	Apt. 1-D			10f	212					J.S.A	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 NO R OR DATES		13. WAS DEC	cify Cubi	in, Mexice	n, Puerto Ri	(Specify Yes	or No	14. RACE Black Specif	- American Indian, White, etc.
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16e. DECEDE (Give kiri life. Do N	NT'S L	JSUAL OCCUPATIO ork done during mos	N it of worki	ng	16b.	KIND OF BUS	SINESS/IN	DUSTRY	wille
OMPL	7 years 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Se	1f	Employe				Sales		l Ser	vice
BE C	Joseph Handlir					M	ary	Ethel	ddie Meiden Wils	on		
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Jane Handlir		19b. MAI	Tre	eway Co	urt	or Rural F Apt.	Route Numbe	Balto	n, State, Zi	(p Code)	204
	20e. METHOD OF DISPOSITION 1 Burlel 24 Cremation 3 Remains 5 Other (Specify)	oval from State	20b. PLACE AND D	ATE O	FDISPOSITION (Nei	ne of	v	0ATE			City or Tox	vn, State Mary land
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A	0		22. NAME AN		_					
	George J. F	errarse J	(-erras	20	Mitch						Rd. I	Balto. MD 21212
EMITEICATION	23. PART i. Enter the diseases, or o shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate couse. Enter UNDERLYING	DUE TO (O	R AS A CONSEQUENCE	DE OF)	telle			9)	the	He	uce	Approximate interval Between enset and Death
טובו ועשט	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OUE TO (OI	R AS A CONSEQUENC	E OF)								
	PART II. Other aignificant condition	a contributing to de	eath but not result	ing in	the underlying	cauae ç	given in i	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
FILISICIAIN. MEDICAL									YES 2 IFERRA	□ NO		COMPLETION OF CAUSE OF OEATH? YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL/	CE OF DI	EATH (Che	ck only one)				
5	1 X YES 2 □ NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ E	R/Outpatient 3 🗆 DC		OTHER:	5 X Bo	sidence	8 C Other /	Speciful			
	27. MANNER OF OEATH	28a. DATE OF IN	JURY 26b.	TIME	OF 28c, INJU		ardence .		RIBE HOW IN	LIURY OC	CURED	
	1 Natural 5 Pending	0 1 / 0 2 /	7	: 1	RY WOR	K?	NO		ELF			ED
	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF II	NJURY At home, fa			21	-					the Market O II D. III
	Homicide determined	building, etc	:. (Specify)		OME		ł					A Yumb COURT
	29e. CERTIFIER (Check only one)	CIAN: To the best of my	knowledge, death oc	curred	at the time, date of	nd place,	and due t	to the ceuse	e(e) end men	ner as sta	ted.	ND 21204
3	21 CMEDICAL EXAMINER	C On the basis of exem	nination end/or investi	gation,	, in my opinion, de	nth occur	ed at the t	time, data a	nd piece, end	due to th	ne ceuse(e)	end manner ea stated.
	SEE SHITRATURE AND MITLE OF CERTURES	us				29c. LICE	NSE NUM	BER	T	29d. DAT	E SIGNEO (Month, Day, Year)
2	Just pull	-7				0.0	С.М.	Ε.		• 0	1/02	/1992
	SIL MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	21.		NN STR				40 P F			
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		HH OIR	لمندن	DE	7777	TURE,	MA	KILA	ND 21201
	JAN 07 1992	Lulia Sa	ridson Band	00								



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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	-	STATE REGISTRAR
1	. D	ECEDENT'S NAM

ITEMS: 27, 28a-f, PER MEO FILM G-711 5/4/94 t.t.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			U	ENIIF	CALE	UF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) CARTER O	SBURN			HOFF	MA	N ,JR.	2. DATE OF MONTH	n.1,	1 1	992	3. TIME OF DEAT	гн Р _м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	1 YEAR	IF UNDER 24 HRS.	7 0475 05	DIOTIL		a. BIRTH	IPLACE (State or Fo	
	213-50-4636	M 2 □ F	39	YRS.	MONTHS	DAYS	HOURS MIN.	Oct.9	. 1952		Countr	to.Md.	a ungri
	9a. FACILITY NAME (If not institution, give s	treet and number)					OR LOCATION OF DE	ATH	, - , - , -		NTY OF D		
DIRECTOR	BALTIMORE COUNTERSIDENCE OF DECEMENT	RAI. HOS	HOSP. Randallstown BAKTIMORE BALTIMORE										
出	10a. STATE 10b. COUNTY	4			Y, TOWN OF							10d. INSIDE CITY	,
	Maryland			Ba	ltim	nor	9					LIMITS?	NO .
₹¥	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITI	ZEN OF W	VHAT COUNTRY?	
Ä	6812 Harford	Road					21234				US.	A	
FUNERAL	11. MARITAL STATUS XX Never Merried 2 Merried	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. W	AS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yas	or No-	14. RACE	- American India	in,
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				Polify Cuban, Mexica 2 NO Specify		in, atc.)			white, atc.	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION COmpleted	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON	16b. Kil	ND OF BUS	INESS/IND	USTRY		
	Elamentary/Secondary (0-12)	College (1-4 or 5+)				st of working						- 1
MP	12	4	'	Carp	ente	er		Out	side	e ma	inte	enance	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Midd	lie, Maiden S	Surname)			
BE	Carter O	sburn Hot	ffman,Sr				Ann	Marbu	rg				
2	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street a	nd Number or Rural F	Poute Number,	City or Town	State, Zip	Code)		
۴	Carter Osburn Hof	fman,Sr.	2	0 Me	adow	Roa	d Baltim	ore, 1	Md. 2	1212			
	20a. METHOD OF DISPOSITION 1 Durial 2 December 2 Remove Re		20b. PLACE	AND DATE O	F DISPOSIT			DATE	_	ATION —	City or Tox	wn, Stata	
	4 Donation 5 Other (Specify)	Over from State	Green	matory or of	tCem.	Cre	matory	1	Ba	lto.	Md.		
	21. SIGNATURE OF JUNERAL SERVICE LIC	ENSEE	,		22. N	AME AN	D ADDRESS OF FAC	CILITY					
	Wiguer V	che	2		Mit	che	11-Wiede	feld I	Home,	Inc.	* 0		
	23. PART I. Enter the diseases, or c	omplications that	dailead the de	eth De s	0.50	UY	ork Rd.	Ralto.	. Md.	212	12		
J	arroom, or right tallers.	List only one caus	se on each line										
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Inte	OR AS A CONSEC	ue	Pr		Alvs		lh.	1	6	intarval Be Onset and	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	DUENCE OF):		- /		elh.	1	6		tween
RTIFICATION	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	DUENCE OF):		- /		lh	1	6		tween
. CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTOR AS A CONSEC	DUENCE OF):):	ue	Alvs	le le	elk	1	6		tween
- 81	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSECUTOR AS A CONSEC	DUENCE OF):):	ue	Alvs	le le	II. WAS AN A PERFORM	UTOPSY	24b.	Onset and	etween Death
- 81	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTOR AS A CONSEC	DUENCE OF):):	ue	Alvs	Part I. 24	II. WAS AN A	UTOPSY NED?	24b.	WERE AUTOPSY FINANCIA COMPLETION OF C	NDINGS TO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTOR AS A CONSEC	DUENCE OF):):	ue	Alvs	Part I. 24	II. WAS AN A PERFORM	UTOPSY NED?	24b.	Onset and WERE AUTOPSY Fits AMAILABLE PRIOR 1	NDINGS TO AUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTOR AS A CONSEC	DUENCE OF):):	ue	Alvs	Part I. 24	II. WAS AN A PERFORM	UTOPSY NED?	24b.	WERE AUTOPSY FIR AMAILABLE PRIOR IT COMPLETION OF C. OF DEATH?	NDINGS TO AUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSECUTOR AS A CONSEC	DUENCE OF	n tha und	erlying	Alvs	Part I. 244	II. WAS AN A PERFORM	UTOPSY NED?	24b.	WERE AUTOPSY FIR AMAILABLE PRIOR IT COMPLETION OF C. OF DEATH?	NDINGS TO AUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A CONSECTION OF AS A CONSE	DUENCE OF	OTHER:	erlying	cause given in i	Part I. 24	II. WAS AN AN PERFORM	UTOPSY NED?	24b.	WERE AUTOPSY FIR AMAILABLE PRIOR IT COMPLETION OF C. OF DEATH?	NDINGS TO AUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (DUE	OR AS A CONSECTION OF AS A CONSE	DUENCE OF	OTHER: OTHER: OTHER: OTHER:	erlying	Cause given in i	Part I. 24	II. WAS AN A PERFORM YES 2 [SUTOPSY NED?	24b.	WERE AUTOPSY FIR AMAILABLE PRIOR IT COMPLETION OF C. OF DEATH?	NDINGS TO AUSE
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BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH August 1 S Pending Investigation 3 Suicide S Could not be determined	DUE TO (DUE	OR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DOAL DOAL DOAL DOAL DOAL DOAL DOAL DOAL	OTHER: OTHER: 4 Nursing SOF 2: OTHER: 4 Nursing OTHER: 4 Nur	28. PL/ ng Homa WOF 1 _ Y,	Cause given in i	Part I. 24/ Ck only one) 5 Other (Sp. 28d. DESCRII UNKNOWI 28f. LOCATIO City or 76 2400 L00	II. WAS AN A PERFORM PERFORM YES 2 [DOCUMENT OF THE PERFORM OF TH	JURY OCC	24b. URED OF Rural Ro	WERE AUTOPSY FIR AVAILABLE PRIOR TO COMPLETION OF C. OF DEATHY 1 YES 2 N	NDINGS TO AUSE
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicida Monicide M	DUE TO (DUE	OR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOAL DOAL DOAL DOAL DOAL DOAL DOAL DOAL	OTHER: 1): OTHER: 4 Nursin GOF 2: JRY JR	28. PL/ ng Homa WOF 1 _ Y, offica	Cause given in i	Part I. 24/ 24/ 28d. DESCRI UNKNOWI 28f. LOCATION or 76/ 2400 LOCATION of the cause(a lime, data and	II. WAS AN A PERFORM PERFORM YES 2 [WES 2 [WIN (Street ann. WIN, State) GAN RD) and mann. place, and	JURY OCC JURY OCC d Number , BAL er as state dua to the	24b. URED OF Rural Ro TIMOR Ind. In cause(s)	WERE AUTOPSY FR AWAILABLE PRIOR TO COMPLETION OF COF DEATH? 1 YES 2 N	NDINGS TO AUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH August 5 Pending Investigation 2 Accident Suicide	DUE TO (DUE	OR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOAL DOAL DOAL DOAL DOAL DOAL DOAL DOAL	OTHER: 1): OTHER: 4 Nursin GOF 2: JRY JR	28. PL/ ng Homa WOF 1 _ Y, offica	Cause given in i	Part I. 24/ 24/ 28d. DESCRII UNKNOWI 28f. LOCATIO Corty or 76 2400 L 00 to the cause(s) time, data and	II. WAS AN A PERFORM PERFORM YES 2 [WES 2 [WIN (Street ann. WIN, State) GAN RD) and mann. place, and	JURY OCC JURY OCC d Number , BAL er as state dua to the	24b. URED OF Rural Roc T I MOR Ind. Cause(a) SIGNED (WERE AUTOPSY FIR AMAILABLE PRIOR I COMPLETION DF COF DEATH? 1 YES 2 N	NDINGS TO AUSE
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 2 Accident S Pending Investigation S Vicinity S Pending Investigation S Vicinity S Vici	DUE TO (DUE	OR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOA DOA 26b. TIME INJUUNKNOME, ferm, at OME	OTHER: 4 HAUNDING GOF RY WNM 2: d at the time d, in my opin	28. PL/ ng Homa WOF 1 _ Y, offica	Cause given in i	Part I. 24/ 24/ 28d. DESCRII UNKNOWI 28f. LOCATIO Corty or 76 2400 L 00 to the cause(s) time, data and	II. WAS AN A PERFORM PERFORM YES 2 [WES 2 [WIN (Street ann. WIN, State) GAN RD) and mann. place, and	JURY OCC JURY OCC d Number , BAL er as state dua to the	24b. URED OF Rural Ro TIMOR Ind. In cause(s)	WERE AUTOPSY FIR AMAILABLE PRIOR I COMPLETION DF COF DEATH? 1 YES 2 N	NDINGS TO AUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 2 Accident S Pending Investigation S Vicinity S Pending Investigation S Vicinity S Vici	DUE TO (DUE	OR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE	OTHER: 1 OTHER: 4 Nursin OF RY WNM 2: WNM A d at the time	28. PL/ vg Home WOF 1	Cause given in a	Part I. 244 Discount of the Control of the Cause (a firm, data and BER E.	E. WAS AN A PERFORM PERFORM YES 2 [WES 2 [N (Street anawwn, State) GAN RD and mann- place, and	JURY OCC JURY OCC d Number , BAL er as state dua to the	24b. URED Or Rural Roc T IMOR of cause(e) SIGNED (/ 2 / 9	WERE AUTOPSY FIR AWAILABLE PRIOR TO OF DEATH? 1 YES 2 N Dute Number, E CO., MD., and manner as sta	NDINGS TO AUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicida Investigation Investi	DUE TO (DUE	OR AS A CONSECTION OF AS A CONSE	DUENCE OF DUENCE	OTHER: 1 OTHER: 4 Nursin OF RY WNM 2: WNM A d at the time	28. PL/ vg Home WOF 1	Cause given in i	Part I. 244 Discount of the Control of the Cause (a firm, data and BER E.	E. WAS AN A PERFORM PERFORM YES 2 [WES 2 [N (Street anawwn, State) GAN RD and mann- place, and	JURY OCC JURY OCC d Number , BAL er as state dua to the	24b. URED Or Rural Roc T IMOR of cause(e) SIGNED (/ 2 / 9	WERE AUTOPSY FIR AWAILABLE PRIOR TO OF DEATH? 1 YES 2 N Dute Number, E CO., MD., and manner as sta	NDINGS TO AUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 2 Accident S Pending Investigation S Vicinity S Pending Investigation S Vicinity S Vici	DUE TO (DUE	OR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE	OTHER: 1 OTHER: 4 Nursin OF RY WNM 2: WNM A d at the time	28. PL/ vg Home WOF 1	Cause given in a	Part I. 244 Discount of the Control of the Cause (a firm, data and BER E.	E. WAS AN A PERFORM PERFORM YES 2 [WES 2 [N (Street anawwn, State) GAN RD and mann- place, and	JURY OCC JURY OCC d Number , BAL er as state dua to the	24b. URED Or Rural Roc T IMOR of cause(e) SIGNED (/ 2 / 9	WERE AUTOPSY FIR AWAILABLE PRIOR TO OF DEATH? 1 YES 2 N Dute Number, E CO., MD., and manner as sta	NDINGS TO AUSE



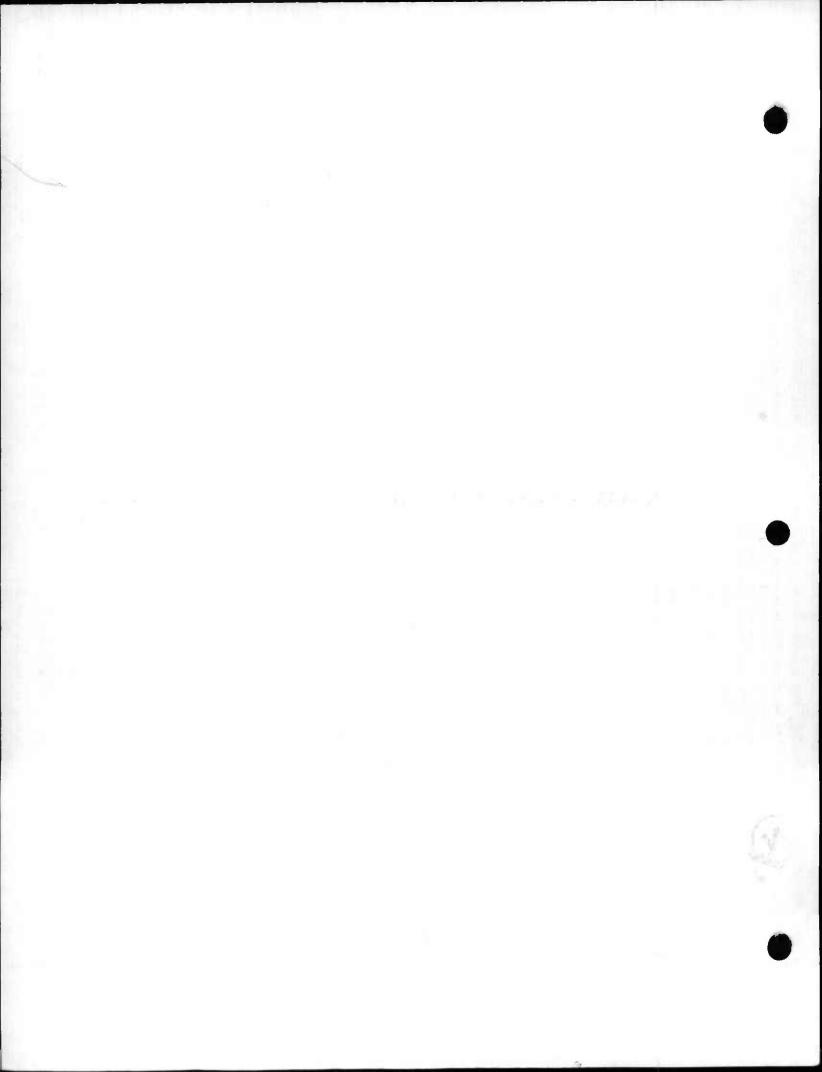
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200 - 200 -

1 - FOR STATE REGISTRAR

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF H	HEALTH AND I	MENTAL HYGIE		
	1. OECEDENT'S NAME (First Middle, Lest) Mary	Lillian	Hidde	en		2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-48-2015	1 □ M 2 XF 9	yrs. last birthday) 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH	1	BIRT NPLACE (State or Foreign Country)
TOR	99. FACILITY NAME (If not institution, give s CHURCH HOSPIT RESIDENCE OF DECEDENT				ORE CI		9c. COUNT	Y OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY	Ltimore		y, town on Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2XX NO
FUNERAL	1907 Ormand Ro			101	21222			N OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN (FORCES? 1 YES) IF YES, GIVE WAR OR DAT	2/_/NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		Back, White, etc. Specify: White
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during mode retired.)	ON est of working	16b. KIND OF BU	JSINESS/INDUS	
COMPLET	8th grade -		Housev	vife	18. MOTNER'S NAI	Own ME (First, Middle, Malder	Home Sumame)	
BE	John Leaverton 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	Ida Cur	nming Noute Number, City or To	vn. State Zip C	node)
TO	Ronald Hidden 200. METHOD OF DISPOSITION 1 Burlet 2 ** Cremetton 3 ** Remo	20b. F	855 PLACE AND DATE O	9 H Fal	ls Run Ro	oad Ellic	ott Ci	ty, Md. 21043
	4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE NO.	Gre	ery, cremetory or of en Mour	it Crema		Bal	timore	• Marvland
	- Tuta &	1 Adal.	110001	21.34	MILLOW SE	Tuneral oring Road	Balto	. Md. 21222
	23. PART I. Enter the diseases, or c ahock, or haert failura. I iMMEDIATE CAUSE (Final disease or condition resulting in daath)	Trees	n line.	2	de Df dying, suct	n as cardiac or resp	iratory arres	t, Approximata Interval Between Onset end Death
LION	Sequentially list conditions,	DUE TO (OR AS A C	The "	merci	fus			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	7):				
-11	PART II. Other significent conditions	contributing to death but	not resulting l	n the underlying	ceuse given in f	PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDICA						1 YES :	Z I NO	DF OEATH?
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti	ient 3 DOA	OTHER:	ACE OF DEATH (Che			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY WO	JRY AT	28d. OEŞCRIBE HOW	NJURY OCCUP	ED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, s	treet, factory, office		281. LOCATION (Street City or Town, State)	end Number or	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	EIAN: To the best of my knowled	ige, desth occurre	d st the time, dats	end place, and due to	to the cause(e) and me	nner ee stated.	Buse(e) and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	/ \ =	`		200 LICENSE MUM	nen		GNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	N (ITEM 27) (Type,	Print)	Balk.	S4 2	1831	, , , , =
	31. DATE FILED (Month, Day, Year)	32. REQUITAR'S SIGN	AFA NA	- 1/- /	1			



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

217-24-1651

HATCIKE, MAMIE

1 -

FOR	9a. FACILITY NAME (# not institution. University	Hospital			TN OR LOCATION OF I		9c. COUNT	'ennsylvant Tyof death One		
DIRECTOR	10a. STATE 10b. CO		10c. CITY,	TOWN OR LO			e City	10d. INSIDE CITY LIMITS? 1 PYES 2 NO		
ERAL	904 Pennsylv	vania Avenue			10f. ZIP CODE 2/20		10g. CITIZI	EN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	12 AO	If yes,	DECENDENT OF NISP/ specify Cuban, Mexic (ES 2) NO Spec	an, Puarto Rican, a	city Yea or No— 1	4. RACE — American Indien, Black, Whita, atc. Specify:		
COMPLETED	15. DECEDENT'S (Specify only highest) Elementary/Secondery (0-12) 8th grade	College (1-4 or 5 +)	Give kind of wo	rk done during retired.)	ATION most of working		of Business/INDU			
BE CO		Ben Hatche				AME (First, Middle, I	Maiden Surname)	The state of the s		
10	John Hatche				et and Number or Rura. Lvania I	Route Number, City	or Town, State, Zip C			
	20a. METNOD OF DISPOSITION 12 Burlel 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramovat from State cemetery	CE AND DATE OF c, crematory or othe 2101	Ceme	tery 1/3	L1/92 B	oc. Location — ci altimo:	ty or Town, State ce, Marylai		
	· Calvin	B Scrugge or complications their set the	od.	Ca.	lvin B. 2 E. Pro	Scrugg Ston S	s Funer	ral Home		
CERTIFICATION	Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM DUE TO (OR AS A COM d.	ISEQUENCE OF): SEQUENCE OF):	i CAC	CA E	516ms.	o STRI	AN AVETON		
MEDICAL CI	PART II. Other significant condi	tions contributing to death but n	ot resulting in	the underly	Ing causa given in	PI	AS AN AUTOPSY ERFORMED? VES 2 NO	24b. WERE AUTOPSY FIND AWAIL ABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 NO	HOSPITAL:	3 7 004	225 4 4 55 50	PLACE OF DEATH (C			TES 2 DAO		
ВУ РНУ	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. I	NJURY AT MORK? YES 2 ND	28d. DESCRIBE I	8 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED			
	3 Sutcide 6 Could not determine	d Surface (Specify)				City or Town,				
PLET	29a. CERTIFIER 1 CERTIFYING PI	Transmitt. To the Deat of my Knowigoge			the time, data and place, and due to the cause(a) army opinion, death occured at the time, data end pla			and manner as stated.		
COMPL	(Check only	MINER: On the basis of examination and	or investigation,	In my opinion						
MPL	(Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 29b. SIGNATURE AND TITLE OF CERTIFICATION 20b. SIGNATURE OF CERTIFICATION 20b. SIGNATURE AND TITLE OF CERTIFICATION 20	MINER: On the basis of examination and			29c. LICENSE NU 255/3 S	MBER		cause(a) and menner as state GIGNED (Month, Day, Year)		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

HOURS

MAMIE HATCHER

6 3/AS.

6. AGE (In yrs. last birthday)

1 - M 2 F

DHMN-16 Rev 1/89

92

YEAR

92

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

01

06 193 12

DAY

06

00172

3. TIME OF DEATH

11:35

6. BIRTNPLACE (State or Foreign Country)

Pennsylvanta

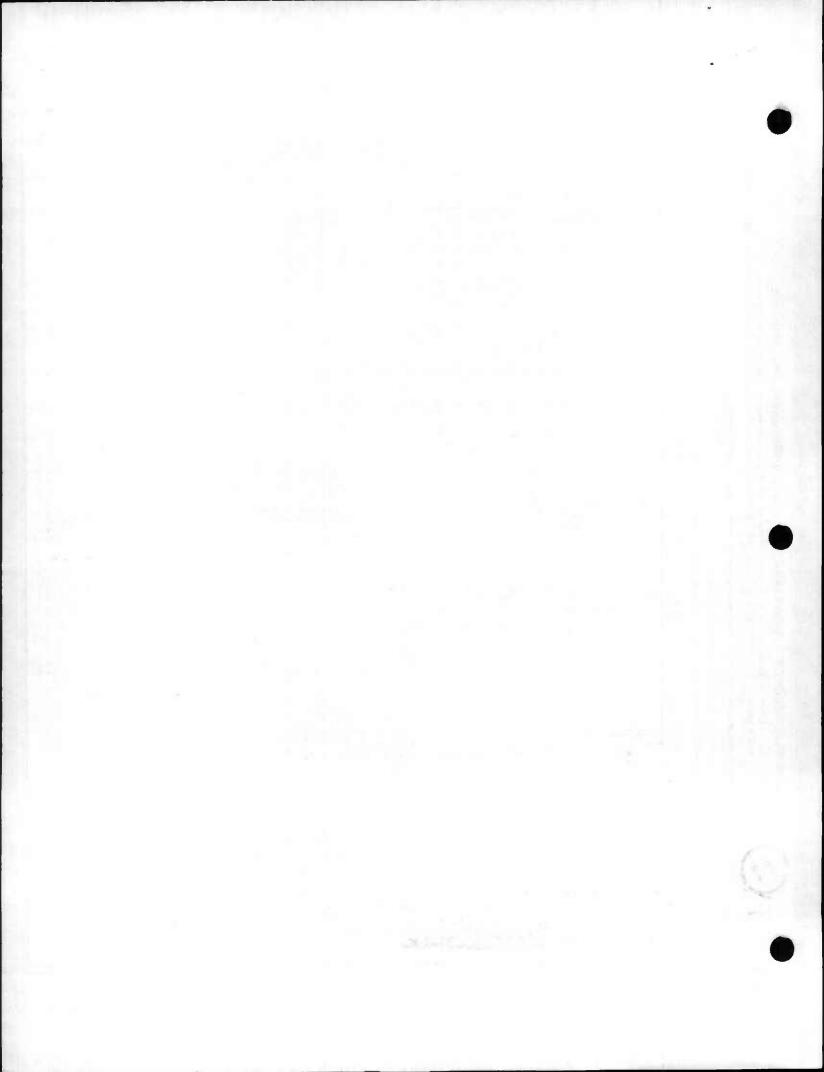
11:35pm



. 1 51 3. . . .

BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician.	INFECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be considered that the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	N. DIRECTOR: After this certificate has been signed by the attending physician and completely fills.	ATT I lem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF I	HEALTH AND	MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last Diane Hagy	0)				2. DATE OF DEATH MONTH 1-5-92	Y Y	EAR 6:40 A		
	4. SOCIAL SECURITY NUMBER 220-50-0125	1 M 2 X F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 6-11-47	8.	BIRTHPLACE (State or Foreign Country)		
POR	90. FACILITY NAME (If not institution, give street end number) 9 Walkway Ct. 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DE Balt									
DIRECTOR	10e. STATE 10b. COUN	Baltimore	10c. CITY		10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
ERAL	10a STREET AND NUMBER 405 Folcroft S	St.		10	1. ZIP CODE 21224			OF WHAT COUNTRY? USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 NO	If yee, ap	CENDENT OF HISPA ecity Cuben, Mexico 2 NO Specific	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) by:	or No — 14	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Ille. Do NOT use	ork done during mo retired.)		16b. KIND OF BUS	INESS/INDUS	TRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Clark Emerick				18. MOTHER'S NA	Rampton	Surname)			
TO B	190. INFORMANT'S NAME (Type/Print) Ronald Hagy		19b. MAILING 405	ADDRESS (Street of	nd Number or Rural t St. Ba	Route Number, City or Town	State, Zip Co 1224	de)		
	1 M Buriel 2 Cremetion 3 Rei 4 Donetion 5 Other (Specify)	Kelly	metery, crematory or off HOLLY H	22. NAME AT CVAC 121	no address of FA Ch/Roseda I Chesaco	1-7-92 auty ale Funeral o Ave.	Baltin Home	or Town, State NOTE, MID		
CERTIFICATION	Cvach/Rosedale Filmeral Home 1211 Chesaco Ave. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): CAUSE (Disease or Injury of the mediate cause. Enter UNDERLYING CAUSE (Disease or Injury of the mediate cause. Enter UNDERLYING CAUSE (Disease or Injury of the mediate cause. Enter UNDERLYING CAUSE (Disease or Injury of the mediate cause. Enter UNDERLYING CAUSE (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause. Enter Under Cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Disease or Injury of the mediate cause (Diseas									
MEDICAL	PART II. Dther significant condition	done contributing to deeth	but not resulting in	n the underlying	g ceuse given in	Part f. 24e. WAS AN A PERFORM 1 YES 2	IED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		8 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCUR	ED		
2	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, atc. (Spe	Y — At home, farm, strocify)	reet, factory, office	,	281. LOCATION (Street en City or Town, State)	81. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE	29s. CERTIFIER (Check only 2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the besis of examination	viedge, death occurred on and/or investigation	at the time, data	end place, and dus	to the cause(e) end menn time, date and place, end	er se stated.	use(e) end manner es stated.		
IO BE	SIGNATURE AND TITLE OF CENTIFIE	Jan Mo)		29c. LIDENSE NUN			6/92		
	EFFRY (1)	HOND SON M		Pine)	Dundolle	, Dune	slli	MD 2/037		
	JAN U 7 1992	Prine Day ason	Mendell				1			



FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
WILLIA	M	JACOB HAR	BAUGH, SR.	MONTH DAY	YEAR 92	
215-18-4403	1 🕮 M 2 🗆 F	8 1 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIFITH (Month, Day, Year) 11-26-10		.,
Da. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF I	
725 ANDOVER ROA	D		LINTHICUM		ANNE ARI	JNDEL
Da. STATE 10b. COUNT	TY .	10c. CITY	, TOWN OR LOCATION			10d. INSIDE CITY
MARYLAND ANNE	ARUNDEL	LIN	THICUM			LIMITS?
De. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	
725 ANDOVER ROAD			21090		U.S.A.	
. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Year)		E — American Indian, k, White, atc.
☐ Never Married 2 📈 Married ☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAF		It yes, specify Cuban, Mexica 1 YES 2 NO Specifi	n, Puerto Rican, etc.)	Spec	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DECEDENT'S U	JSUAL OCCUPATION	166. KIND OF BUSH	NESS/INDUSTRY	
Elamentary/Secondary (0-12) 12 YEARS	Collega (1-4 or 5+) 2 YEARS		ork done during most of working retired.) OR OF SAFETY	AIRPORTS	OF STAT	CE OF
FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden St		
CHARLES P. HARBAI	UGH			LLEN CUNAHA		
, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Rural			
IARY R. HARBAUGH		1	NDOVER RD. LINTE			
a. METHOD OF DISPOSITION		20b. PLACE AND DATE OF			ATION — City or To	- Chata
X Burial 2 ☐ Cremation 3 ☐ Ram ☐ Donation 5 ☐ Other (Specify)	noval from State	cemetery, crematory or oth SUNNY RIDG	er place)			
SIGNATURE OF FUNERAL SERVICE LI	CENSEE	I SUNNI KIDG	E CEMTERY 22. NAME AND ADDRESS OF FA	1-7-92 CRI	SFIELD,	MD
1 95. Les	me 3/	ok-	SINGLETON FU 1 SECOND AVE	INERAL HOME	N RIIDNTE	' MD 2106
Sequentially list conditions, a smy, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	b. DUE TO (OI	R AS A CONSEQUENCE OF):	myreard	led m	face	rediat
ART II. Other significant condition	d	sth but not resulting in	ths underlying cause given in	Part I. 24s. WAS AN AL PERFORM		WERE AUTOPSY FINDING
				1 🗆 YES 2 🛭	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch	ick only one)		
1 YES 2 NO			OTHER:	6 C Other (Specify)		
MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF IN. (Month, Day,	JURY 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW INJ	URY OCCURED	
3 Suicide 6 Could not be detarmined	28e. PLACE OF II building, sto	NJURY — At home, farm, str (Specify)	reet, factory, office	261. LOCATION (Street and City or Town, State)	d Number or Rural R	oute Number,
a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one)	CIAN: To the beat of my	knowledge, death occurred	et the time, data and place, and due in my opinion, death occured at the	to the cause(s) and manne time, data and place, and o	or as stated.	and manner as stated.
b. SIGNATURE AND TITLE OF CERTIFIE	roylets	2.m.0	7. 29c. LICENSE NUM 29c. LICENSE NUM	79 2	Ped. DATE SIGNED	(Month, Day, Year)
NAME AND ADDRESS OF PERSON WIL	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P	Print)	1.00	160	- 2
	yhlin	mo 31	108 Mount	am (Kil.	Vaca	rdena.
JAN 07 1992	32. REGISTRAR'S		08 11/bunt	am Kil.	Vaca	rdeya.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

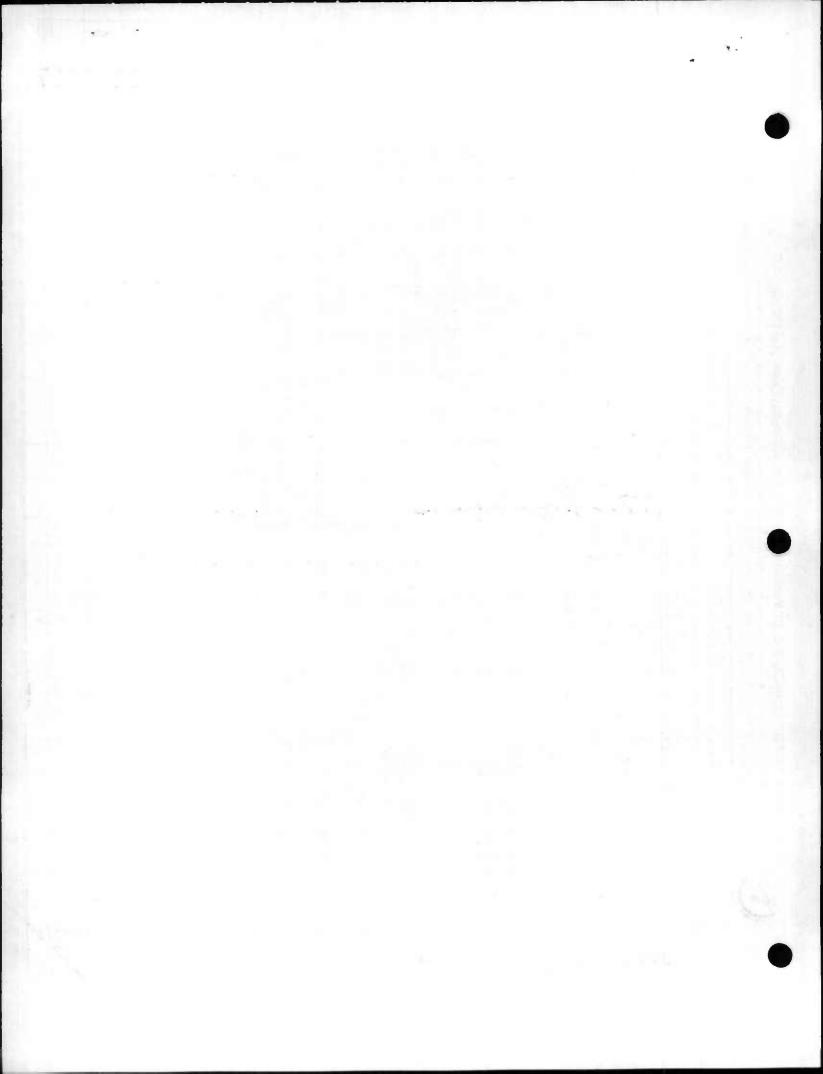
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

e retained by the hospital or attending physician.	e 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	notified at once.	
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zeriours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NNT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	DRENCE IS	•							2. DATE (OF DEATH DA		YEAR		NE OF DEATH
	URITY NUMBER	5. SEX	6. AGE (In yrs. les	a hiladh alas d	Lecumo	R 1 YEAR	IF UNDER		1	F BIRTH 1		2	_	1:45 p
		1 M 2 -F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	1	Cou	intry)	
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	OF DECEDENT	Sing non			Ба	TLT	HOTE	3			Bal	to	•	
10a. STATE	10b. COUI	NTY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. I	NSIDE CITY JMITS?
Md.				Ba	alti	mor	е							YES 2 NO
10e. STREET AN							. ZIP CODI						F WHAT C	OUNTRY?
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Charles to the second	ATUS ried 2 Merried 4 Divorced	T EVER IN U.S. AF YES 2 WAR OR DATES	RMED NO			ecity Cuba	n, Mexica	an, Puerto R	(Specify Yes Ican, etc.)	or No—		NCE — Arr eck, White pocify: hite	nerican Indian, a, atc.	
	15. DECEDENT'S E	OUCATION	18a. OE	CEDENT'S	USUAL C	CCUPATIO	N		16b.	KINO OF BUS	SINESS/IND	USTRY	,	
	(Specify only highest gra Secondary (0-12)	College (1-4 or 5	+) (G	live kind of Do NOT u	work done se retired.)	during mo	st of workin	ng						
7t				Home	mak	er				home	е			
17. FATHER'S N	AME (First, Middle, Last)						16. MOT	HER'S NA	AME (First, M	liddle, Malden	Surname)		-	
	Attili	DiLore	nzo				Can	did	a Do	zzi				
19a, INFORMAN	IT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Ro					Route Number, City or Town, State, Zip Code)						
Mr. L	nigi A	Isidoro		513	Wa	rces	ster	Ro	ad.	Tows	on, i	Md.	. 21	1204
20a. METHOD C	F DISPOSITION Cremation 3 R		20b. PLACE	OF DISPO	SITION (N	lame of cen	netery, cren	natory or		20c, LO	CATION —	City or	Town, St	ete
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MICHAEL

31. DATE FILED (Month, Day, 206

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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JAN: T	rtificate he Statu	or ite
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NDING	: After	is ma
9 ATTE	RECTOR irs after	m 28
Ö	5 5	9

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BY

COMPLETED

BE

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

92 00176 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 992 Barbara Dorothy JENKINS January 6 3:05 am. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 08/29/1933 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 F 218 76 2110 58 Balto., Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville 21237 Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MAryland Baltimore Essex 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 929 Sandalwood Road 21221 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 7 NO IF YES, GIVE WAR OR DATES. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE - American Indian, Black, White, etc. 1 X Never Married 2 Married 1 TYES 2 NO Specify: 3 Widowed 4 Divorced Specify: White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) None N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Allie Jenkins Madeline Pfister 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Roger Haupt (Brother) 929 Sandalwood Road Baltimore Maryland 21221 20a. METHOD OF DISPOSITION
1X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State Mays Chapel Meth. Ch. Cem. 1/8 Timonium, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home P.A. 0 1407 Eastern Ave Baltimore Maryland 21221 23. PART . Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximete ehock, or heert fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset end Death disease or condition Lung abcess with sepsis resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST Other bilateral pulmonary embolis PART II. Other significent conditions contributing to death but not reculting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS

24s. WAS AN AUTOPSY PERFORMED? YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

29d. DATE \$IGNEO (Month, Day, Year)

EXAMINER? X 27. MANNER OF DEATH 1X Natural 5 Pending Investigation 2 Accident

25. WAS CASE REFERRED TO MEDICAL

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF

Rendell

26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

OTHER: 4 - Nursing Ho e 5 🗆 Residence 6 🗆 Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO

N/A

26. PLACE OF DEATH (Check only one)

26d. DESCRIBE HOW INJURY OCCUREO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

3 Suicide

4 Homicide

29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

Thomas Lo 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

M.D., 9000 Franklin Square Drive, Baltimore, Md. 2123 Nadine Thomas,

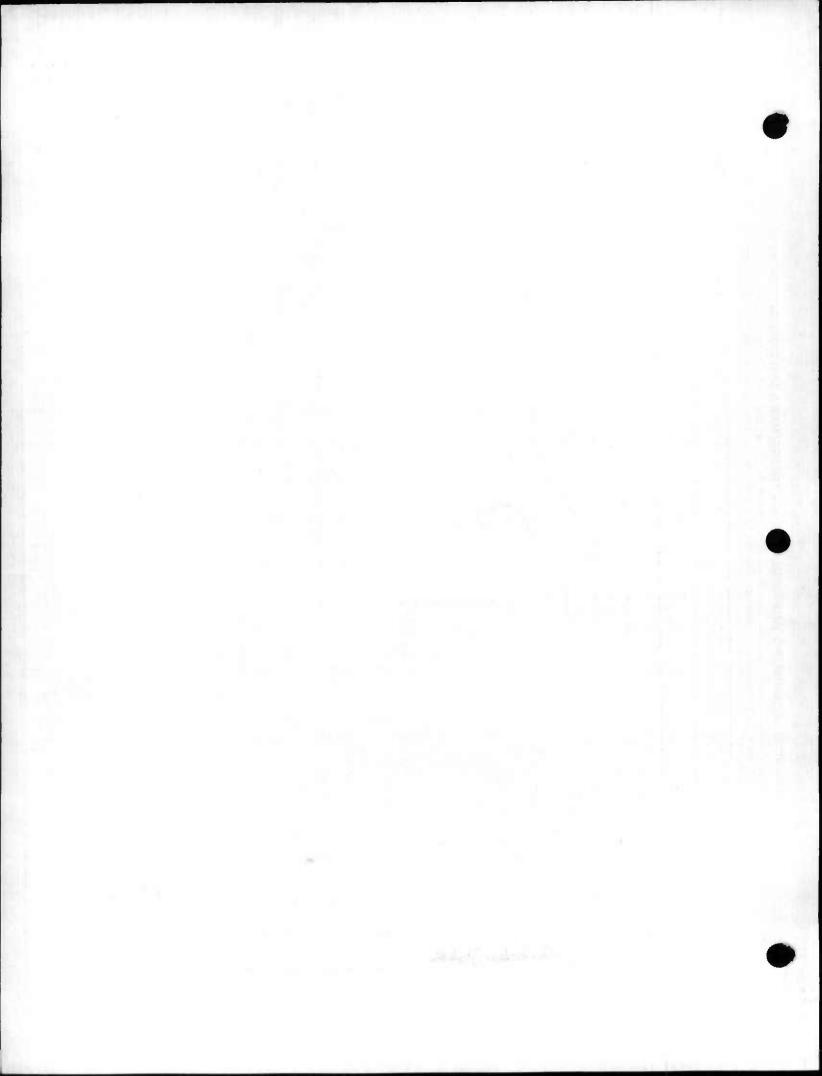
32 REGISTRAR'S SIGNATURE

6 Could not be



FUNERAL DIRECTOR: within 72 hours after

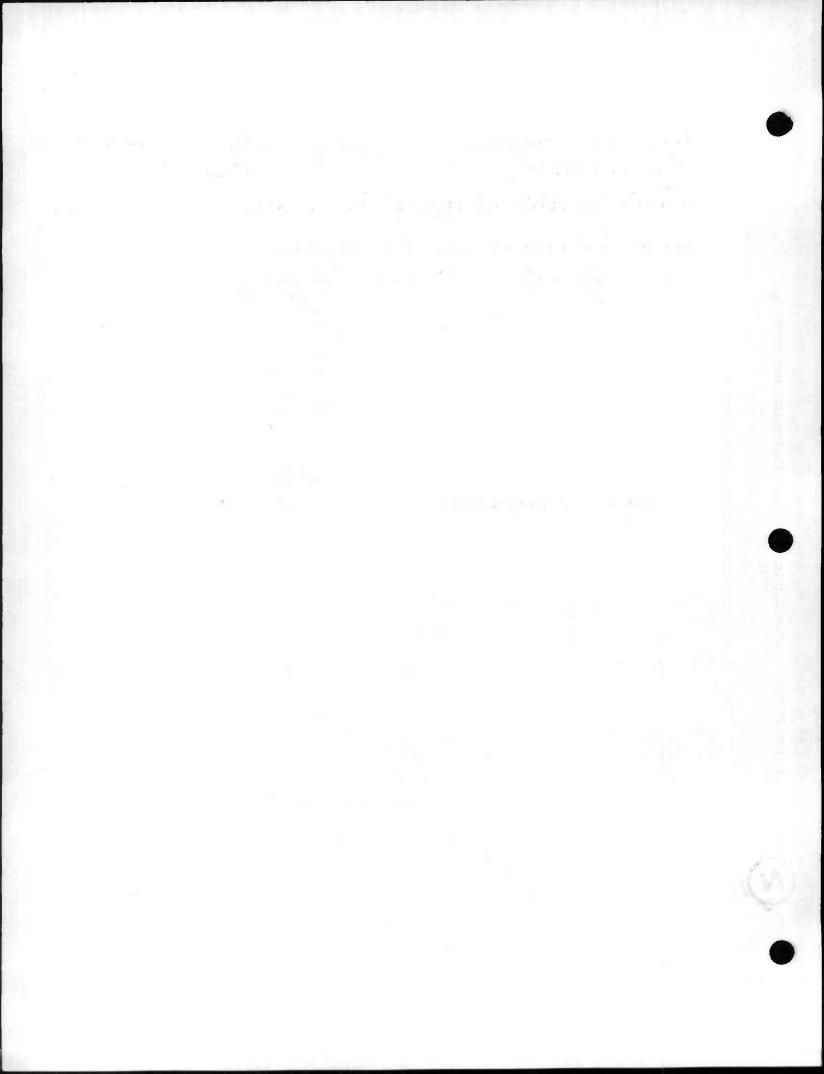
TO THE HOSPITAL OR ATTY
TO THE FUNERAL DIRECTO
De filed within 72 hours af
IMPORTANT: If Item 2!



BALTIMORE, MARYLAND 21215-0020

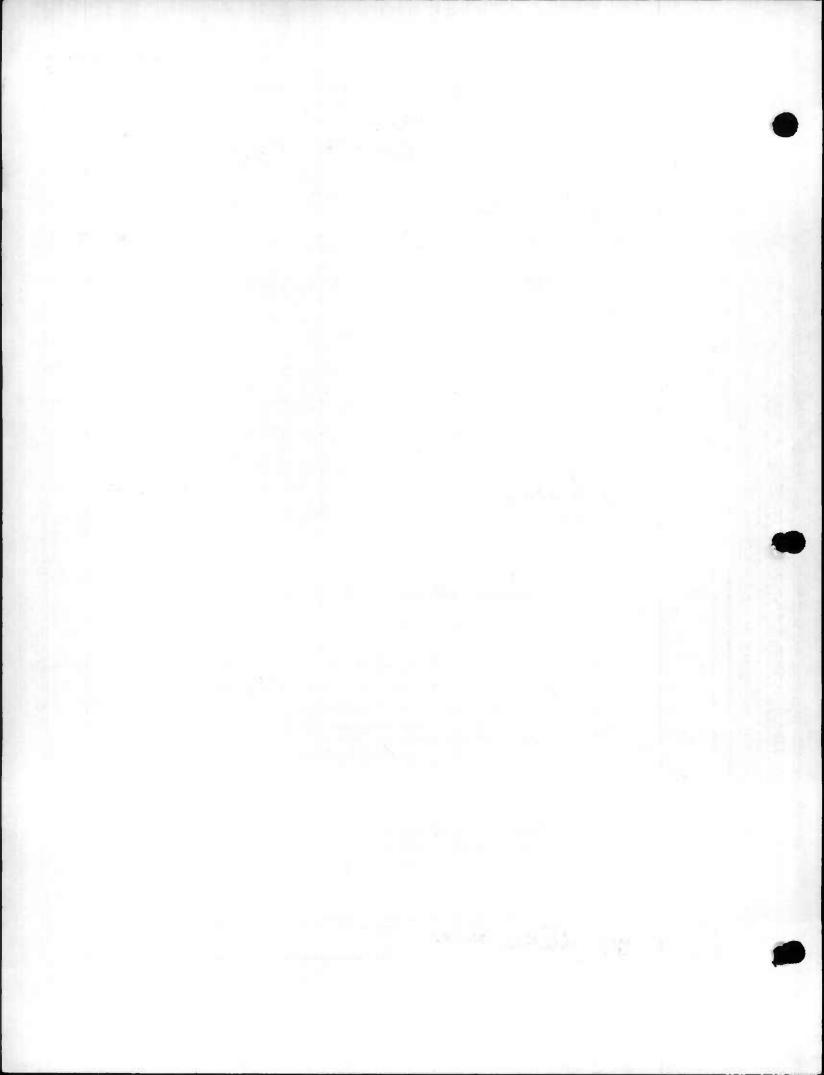
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFICA	TE OF I	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATI
į	Kalph M. Jo	ohnson				01		72 1	843
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (e / Month		IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		Country	CE (State or For
	9a. FACILITY NAME (If not institution, give		6 YRS.			Month, Day, Year)		Perce	ville,
Œ	Whishing to		1 1	- 1.	LOCATION OF DEATH			TY OF DEAT	
2	RESIDENCE OF DECEDENT	Adventist t	Tospital 1	a Kom	a Park		11/10	ntgo	mery
DIRECTOR	10a. STATE 10b. COUN	TY .	10c. CITY, TOW	N OR LOCATIO	ON _			100	I. INSIDE CITY
	Wash., J.C.I Wa.	Shinaton J.	C. Was	hinat	ton D.C			1 {	LIMITS?
Z	10e. STREET AND NUMBER	1	1	191.2	ZIP CODE		10g. CITIZI	EN OF WHAT	COUNTRY?
FUNERAL	3100 Chestr		t N.E.	1	20018		u.	S.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECEN	VIDENT OF HISPANIC (ORIGIN? (Specify Y	ea or No- 1	I4. RACE	American India
B	3 Widowed 4 Divorced	IF YES, GIVE WAS OR O.	TE	1 TES 2	NO Specify:			Specify:	R
	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S USUAL	OCCUPATION		16b. KIND OF B	USINESS/INDU	STRY	U
ш	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during most d.)	of working	3233107.41.5			
MPI	12 Yrs	None		Cook					
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME		n Surname)		
BE	Roy Johnson				Florence	Davis			
2 ₅	ton. INFORMANT'S NAME (Type/Print) Lillian M Johnson	n n	19b. MAILING ADDR	ESS (Street and	Number of Burni Route St NE,	Number 2001	wn, State, Zip C	(ode)	
53		,11	3100 611	Cocinac	oc na,	DC 2002			
	20s. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ren	noval from Stata cem	PLACE AND DATE OF DISP setary, crematory or other place	cal	1		OCATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE LI		Arlington N	ationa	1 memeter	y 1/8/9	2 Arl	ingto	n, Va
	21. SIGNATURE OF FUNERAL SERVICE D	CERNEZ)	1	22. NAME AND	ADDRESS OF FACILITY	3015 12	th St	NE, D	C 2001
	Hazel 1	tumme	22	John	T Rhines	Co., I	nc.		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	> °	ر مالانهاد	70	et an		
		d						i	
DICAL	PART II. Other significent condition				-	PERFO	N AUTOPSY		E AUTOPSY FII
ă	Kanash	Failura;	YCS V	m	- Desa	1 TYES	. 1	CON	ILABLE PRIOR IPLETION OF C DEATH?
ž							V -		YES 2
Ä	OF WAS CARE PERSONS								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН		E OF DEATH (Check of	nly one)			
2	YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Output	etlent 3 DOA 4 N	lursing Home	5 Realdenca 6				
- 16	Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJUR WORK	?	I. DESCRIBE HOW	INJURY OCCU	RED	
BÁ	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJURY	— At home, farm, street, fr		3 2 NO	LOCATION (O.	and Mark	D	
	4 Homicide 8 Could not be determined	building, atc. (Speci	(fy)		281	LOCATION (Street City or Town, State	and Number or)	riural Route	Number,
ן ב	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat of my town	adea death and						
COMPL	(Check only one) MEDICAL EXAMINE	ICIAN: To the best of my knowle ER: On the basis of examination	and/or investigation in	o time, data an	d place, and due to the	ne cause(a) and ma	nner as stated.	istorium—	
	29b. SIGNATURE AND TITLE OF CERTIFUE		in my and in my				nd dua to tha d	cause(s) and	manner as at
	500	10			9c. LICENSE NUMBER		29d. DATE S	SIGNED (Mon	th, Day, Year)
2 ∦	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH //TEM AT /T- A	,	D082	76	1-	5 _ (12
	->(10)	To the beautiful of the	(Nype, Print)	· ·	تعاديم			-	D 70
1	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNA	TURE	600	ماحاري	~21W	Ac	De la	Par In
	INN 07 1002 4	32 BEGISTRAR'S SIGNA	deste						
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DIVISION OF VITAL RECOIDS, 1.0. DOX 1912)	R	DIR	200
	M	A	8
	SPI	VER	200
	오	E	1000
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withling ours after death. Pay	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral d	and within 25 hours often death with the State Dark of Health and Mental Hivitiene prior to burial cremation or removal
	l-m-	-	ų

	FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIF	TMENT OF H		IENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last) 1. DA 4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	Mild E (In yrs. last birthday)	F UNDER 1 YEAR	Kiima	2. DATE OF DEAT MONTH 7. DATE OF BIRTH	5 9	2 2 2 5 P A BIRTHPLACE (State or Foreign			
	139–26–8885 9a. FACILITY NAME (If not institution, give si	1 □ M 2 □XF	85 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 18,	906	Estonia Y of DEATH			
TOR	Westminister Nursin			Westmi		Carroll					
DIRECTOR	Md. 10b. COUNTY	,	10c. CITY	r, TOWN OR LOCA	Baltimon	re .		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	4311 Furley Avenue			10	21206		U	N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 _ Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp	CENDENT OF HISPANI pecify Cuban, Maxican S 2 NO Specify:		-)	I. RACE — American Indian, Black, White, etc.			
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during m e retired.)		16b. KIND OI	BUSINESS/INDUS	STRY			
SE COMPL	17. FATHER'S NAME (First, Middle, Last) Johann	Ta	nilov		16. MOTHER'S NAM Amelia Ro		iden Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print) Juri Kiima				and Number or Rural R Nue Baltimon			ode)			
	20e. METHOD OF DISPOSITION 1)(Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Cardens of		1/9/92	1	altimore,				
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE Auce f, Bladden 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Inc. 5305 Harford Road 21214										
	23. PART. Entar tha diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause o	sed the death. Do not ach line.	0~	oda of dylng, such	as cardiac or i	respiratory arres	Approximata Interval Betwee Onset and Dea			
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	STR	OKE AS A CONSEQUENCE OF	SEQUENCE OF):							
ERTIFI	that initiated events resulting in death) LAST	OUE TO (OR /	AS A CONSEQUENCE OF	F):							
EDICAL C	PART II. Other algorificant condition		th but not resulting	In the underlyle	Di SOA	PE PE	S AN AUTOPSY REFORMED?	24b, WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL			16.1	PLACE OF DEATH (Che	ock only one)		1 NES 2 NO			
IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/			me 5 🗆 Residence		OW INJURY OCCU	DED.			
BY PI	1 Netural 5 Pending Investigation	(Month, Day, Ye		M 1 🗆	YES 2 NO	11775-1205-1		Rural Route Number,			
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, atc. (Specify)			City or Town,	State)	111000000000000000000000000000000000000			
COMPLET	(Check only	ICIAN: To the best of my k						f. cause(a) and manner as stated.			
W	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUM	IBER	29d. DATE S	SIGNED (Month, Day, Year)			
TO B	30. NAME AND ADDRESS OF PERSON WI	and were			D211	7 17					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

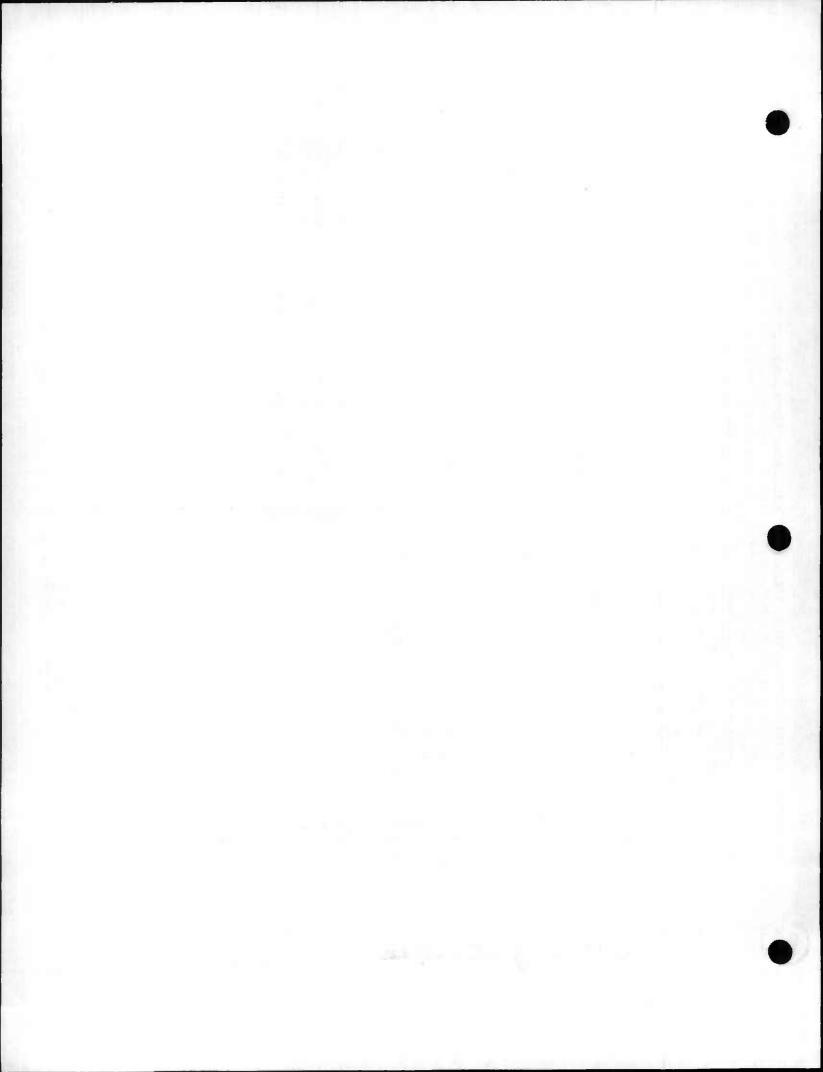
TO THE FUNEDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT	OF H	EALTH AND	MENTAL HYGIEN		luma		
	1. DECEDENT'S NAME (First, Middle, Last)				-	DEATH.	2. DATE OF DEATH			3. TIME OF DEATH	
	BERNICE H. KELLER							5, 199	YEAR	2:54 a M	
			In yrs. lest birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)			LACE (State or Foreign	
	215-03-9798 9e. FACILITY NAME (If not institution, give stre-		83 YRS.				June 2, 1		Ba1	timore, MD	
Œ	St. Joseph Hospita					R LOCATION OF D		9c. COUNT			
18	RESIDENCE OF DECEDENT	<u> </u>		Tows	on,	Maryla	nd	Balt	imo	re	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWH OR	LOCATI	ON				10d. INSIDE CITY LIMITS?	
	Maryland Baltim	ore	To	wson						1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER					ZIP CODE		10g. CITIZ	EN OF WI	HAT COUNTRY?	
N N	905 Dulaney Valley	Court Apar				1204			S.A.		
	1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	If y	res, spe	cify Cuben, Mexic	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	s or No— 1	I4. RACE Black,	- American Indian, White, etc.	
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE WAY ON DA	AIES.	''	YES	NO Specif	fy:		Specify	white	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	18e. DECEDENT'S	work done dur	UPATIOI	N t of working	16b. KIND OF BU	SINESS/INDU	STRY		
1 1 1	the state of the s	Collega (1-4 or 5+)	life. Do NOT u	se retired.)							
N N	8 years 17. FATHER'S NAME (First, Middle, Last)		clerk						inty	Government	
	Louis Kulacki						ME (First, Middle, Maiden	,			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	Street an	Pauli d Number or Buowl	ine Geygier Route Number, City or Tow	C State Zin (ode)		
2	Mrs. Angela Getz	(sister)					Baltimore,				
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Remove	20b.	PLACE AND DATE	OF DISPOSITI	ON (Nam	ne of		CATION - CI		rn, State	
	4 Donation 5 Other (Specify)	Ms	etery, crematory or o	Rede	eme	r Cemete	ery 1/8 Bal	ltimor	e. 0	City	
	21. SIGNATURE OF EURERAL SERVICE LICEN	NGEE ())	22. NA	ME AND	ADDRESS OF FA	cium lefeld Home				
	Thomas Joseph	Bozek	7				id, Baltimo			212	
	23. PART I. Entar tha diseasea, or cor shock, or heart failure. Lis	mplications that caused	the death. Do r	not anter th	a mod	a of dying, suc	h as cardiac or reap	iratory arre	st,	Approximata	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death)	CONGEST	IVE HE	3RRT	PI	MLURE	3			40903	
_		ARTERIOS	CLEDOT	FIC. 4	PASA	OT DIE	12A-812			YEND X	
O.	Sequantially list conditions, if any, lasting to immediate	DUE TO JOR AS A			UNIN	012	CNOU			10112	
S	cause. Entar UNDERLYING CAUSE (Disease or Injury										
E	that initiated evanta reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):							
CERTIFICATION	d										
AL.	PART II. Other significant conditions of	contributing to death bu	it not rasuiting	In the unde	riying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FINDINGS	
DIC.	AORTIC STENOSI	7: CHROPIC	OBSTRU	CTIVE	A	LAND WAR	PERFOR	-		WAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	DISGREG PERIPH	BRAL VASC	VEAR D	SEASI	3:	ANEMI	M.			OF DEATH?	
	HISTORY OF BI	ZBAST CAR	CINOMA		-						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLA	CE OF DEATH (Ch	eck only one)				
1×S		☐ Inpetient 2 ☐ ER/Outpe		4 - Nursing			8 Other (Specify)				
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY	won	K?	28d. DESCRIBE HOW II	NJURY OCCU	RED		
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	At home, ferm, s			S 2 NO	281. LOCATION (Street of	ad Number o	Own/ Do		
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Specia	fy)	,	- 1		City or Town, State)	ind Humber Or	nurer not	no rumber,	
12	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	rdge, death occurre	ed at the time	, date e	nd place, and due	to the cause(e) and man	oner en eteted			
OM	one) 2 MEDICAL EXAMINER: (On the beele of examination	end/or investigatio	n, in my opini	ion, des	th occured at the	time, date end place, en	d due to the	ceuse(e) (and menner ee stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1 6			_	29c. LICENSE NUM				Month, Day, Year)	
O B	Wralc. Ale	alla down	o, MI)			1 20	2633	> /	-6-	92	
10	30. NAME AND ADDRESS OF PERSON WHO C									101	
	Jorge Secada Lo		401 Osl	er Dri	ve						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA									
	JAN 07 1992	guille David	son-Randel	Z.							

Julie Davidson-Randall





1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

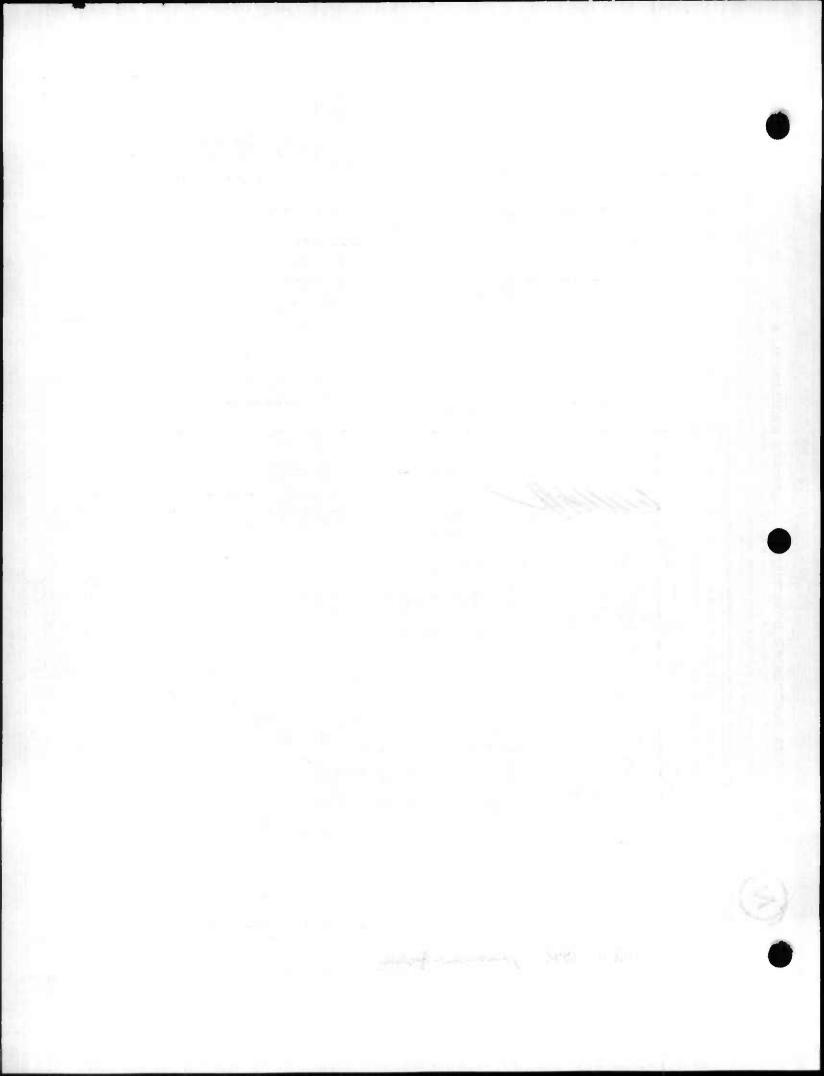
	1. DECEDENT'S NAME (First Allows, Just											
1 1	JOSEPH A. KLIEM				2. DATE OF DEATH MONTH DAY 20AY 10 10 10 10 10 10 10 10 10 1							
	4. SOCIAL SECURITY NUMBER	/1 /	(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Mooth, Day, Year)	8. BIR	THPLACE (State or Foreign intry)				
	9a. FACILITY NAME (If not Institution, give	1 M 2 F	/5 YRS.		1 / - / - / - / - / - / - / - / - /	JAN.14.	1916 11	ARYLANI				
DIRECTOR	3260 JOI	VES ROI	4D	410	OR LOCATION OF	VE	HOW	(AR) CC				
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10a. O	(21,120)	CO 10c. CIT	Y, TOWN OR LOCA	ATION		123-11	10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	ONARD	W. 1	VOOD	BINE M. ZIP CODE		Les estates of	1 YES 2 NO				
FUNERAL	3260 JOI	YES R	DAD		2179	7	11.5	S.A.				
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 1 110	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	84	ACE — Armertoen-Indian, nok, White, sten				
ETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	18e. DECEDENT'S (Give kind of v life. Do NOT us	work done during m	ION ost of working		JSINESS/INDUSTRY					
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	SELF	EN	PLOYE	DI SE	RVICE	STATION				
	17. FATHER'S NAME (First, Middle, Last)	VIIEM			18. MOTHER'S N	AME (First, Middle, Maider	Surname)					
BE	190. INFORMANT'S NAME (Type/Print)	PLICIT	19b, MAILING	ADDRESS (Street	and Number or Burn	Route Number, City or To	em State Zin Code)					
5	FAMILY	KECORD,	5 5,	AME	A	SABO	IVE					
	20a. METHOD OF DISPOSITION 1	noval from State	b. PLACE AND DATE (OF DISPOSITION (N	tame of	DATE 20c. LI	OCATION — City or	Town, State				
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	UCHIVE,	22. NAME A	ND ADDRESS OF F	AGIUTY/100-	CRETS	VILLE, MI				
	* Jeffen	- F-9	rie .	54	41V5	STITLE	-OF	HIMES				
NOI	Sequentielly list conditions, if any, laeding to immediate	b	A CONSEQUENCE OF		ing / V	Lyocandir	al hija	remin				
FICA	Cause, Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF	n-	thet initieted evants resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):							
ERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evants	DUE TO (OR AS	A CONSEQUENCE OF	T):								
- 0	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evants	d			g Ceuse given ir			Ib. WERE AUTOPSY FINDING				
: MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that Initieted evants resulting in deeth) LAST	dns contributing to death		n the underlyin	g ceuse given ir	24a. WAS AN PERFO	RMED?	AVAILABLE PRIOR TO				
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significant condition A La Law V' 'C,	dns contributing to death	but not resulting i	n the underlyin	g Couse given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
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D BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evants resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Yeer) 28e. PLACE OF INJURY building, etc. (Spe	patient 3 DOA 28b. Time INJ	26. POTHER: 4 Nursing Hon UNY 1 treet, factory, office d at the time, date n, in my opinion, co	LACE OF DEATH (C) The 5 (Laceldence) JURY AT THK? YES 2 NO The end place, end during the course of t	PERFO 1 YES 1 YES 1 YES 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State) 1 to the cause(e) end me 1 time, date and plece, end MBER	INJURY OCCURED and Number or Rural nner ee stated, id due to the ceuse 29d. DATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 No. 1				
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INCOME. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may t	FURETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	ITANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEI		2 00181
	1. DECEOENT'S NAME (First, Middle, Last)				DEMIT	2. DATE OF OEATH		3. TIME OF DEATH
	Kunigunde A	rnold				Jan. 5,	1992 Y	4:00 P M
	4. SOCIAL SECURITY NUMBER 213-68-4497M	1 □ M 2XXF 8	(In yrs. lest birthdey) 6 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Nov. 4,	1905	BIRTHPLACE (State or Foreign Country) Germany
CTOR	9a. FACILITY NAME (If not institution, give				or Location of D		9c. COUNTY	
DIRE	10a. STATE 10b. COUNT		10c. CITY	TOWN OR LOCA Balti				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4606 Moravia	Road		10	1. ZIP CODE 21206	5		S . A .
B≺	11. MARITAL STATUS 1. Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES X NO IF YES, GIVE WAR OR DATES			II yes, sp	I. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— II yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — Amer Black, While,			RACE — American Indian, Black, White, etc. Specify: White
E	15. OECEDENT'S EDI (Specify only highest grad	JCATION e completed)	18e. OECEOENT'S I	JSUAL OCCUPATE	ON ast of working	16b. KINO OF BU	ISINESS/INOUS	TRY
COMPLETED	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	(Give kind of work done during most of working life. Do NOT use retired.) Homemaker Own Home					
	17. FATHER'S NAME (First, Middle, Last) Ludwig Arnold					AME (First, Middle, Maider Stine Bau		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Alicenhau and David			dat
D 2	Hildegard K.		Ce) 460	o Mora	via kd	Baltimo	re, M	d. 21206
ISO III	1 Burial 2 X Cremation 3 Ren 4 Donaiton 5 Other (Specify)	Ger	PLACE AND DATEO	ount C	emetery	Ba	1timo	re, Md.
exa	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Balto, Md. 21213							
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) a							
ERTIFI	that Initiated eventa resulting in death) LAST							
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in				PERFO	PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY AMAIL ABLE PR COMPLETION OF DEATH? 1 YES 2 2 S NO 1 YES 2		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
YSI	1 TES 2 TO NO	1 Inpatient 2 ER/Oulp	ntient 3 DOA	OTHER:	• 5 Pasidence	8 Other (Specify)		
D BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? /ES 2 \(\square\) NO	28d. DESCRIBE HOW	NJURY OCCUR	ED
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, strast, building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
O BE COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of axemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIE	4			29c. LICENSE NUI	MBER		GNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	Oldert Cherrymann, M.D. D11666 ► 1/6/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Albert Hermann, 4420 Mannasota Ave., Baltimore, Md.						
	JAN 07 1992 Juna Davidson Pandere							



DHMH-16 Rev 1/89

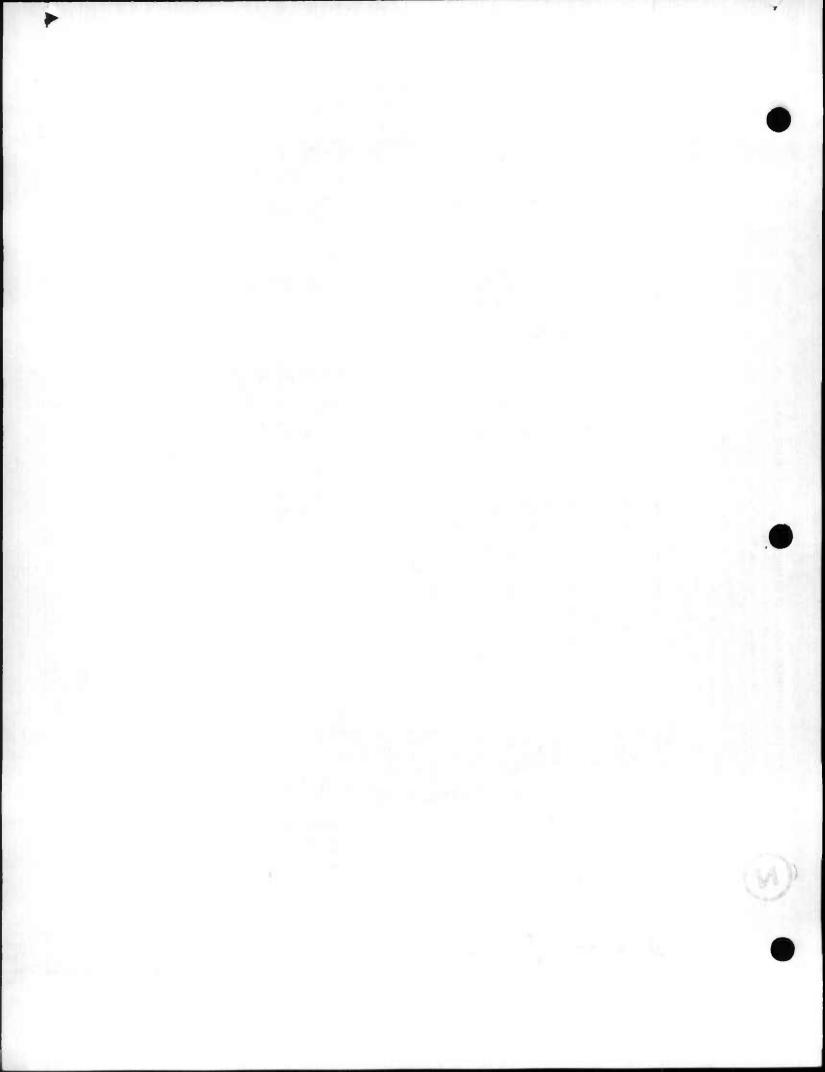
FOR STATE REGISTRAR

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TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician

	REGISTRAR		CERTIFIC	ATE (OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	a Bell	Keen	or		MON.	E OF DEATH	y ,	/EAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YE	EAR IF UNDER 24 HRS.	- 0-	OF BIRTH		92	ACE (State or Foreign
	220-05-7814	1 🗆 M 2 💢 F 7	940		AYS HOURS MIN.	(Mon	th, Day, Year)		Country)	
_	9a. FACILITY NAME (If not institution, give st	reet and number)			WN OR LOCATION OF D	DEATH	E 30.1	9c. COUNT		RYLAND
DIRECTOR	RESIDENCE OF DECEDENT	ial Hospital		taure	or Gine	E	Hd.	H	arp	rd,
	MARYLAND HAR	FORD	10c. CITY, 1	OPPA	OCATION					Od. INSIDE CITY LIMITS?
IERAL	100. STREET AND NUMBER 604 B HARBOR SID	E DRIVE			10f. ZIP CODE 21085				S . A	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES JF YES, GIVE WAR OR DAT	2 NO	If yes	DECENDENT OF HISPA a, specify Cuban, Maxic YES XX NO Speci	an, Puarto	N? (Specify Yes Rican, etc.)		. RACE -	American Indian, Vhite, etc.
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	UAL OCCU	PATION	16/	b. KIND OF BUS	INESS/INDIES	TRV	WHITE
H	(Specify only highest grade Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	(Give kind of work life. Do NOT use re HOMEMA)	done during	g most of working			IN HOM		
E COMPL	17. FATHER'S NAME (First, Middle, Last) WILLIAM ALFRED BELL				18. MOTHER'S NA MARGA		Middle, Meiden		15	
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Str	reet and Number or Rural			. State. Zip Co	ode)	
2	MRS. MADGE C. BEN	NETT (DGHTR)			W CT., JO			.085		
	20a METHOD OF DISPOSITION 12 Spuriel 2 Cremetion 3 Remo	val from State 20b.F	PLACE AND DATE OF D	ISPOSITIO		DAT		CATION — City	or Town	Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	OA	K LAWN C	EMETE			BAI	TIMOR	E, M	ARYLAND
	· Willaho	ansee and a second		SC	E AND ADDRESS OF FA CHIMUNEK FO O5 BELAIR	UNERA	AL HOME	S, INCIMORE	C.	21236
ERTIFICATION	Sequentielly llet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF): \	nee	morre	-:				
O	PART II. Other aignificent conditions	contributing to death but	not sociation in the	ha conduct						
MEDICAL	COPD.		intax	la la	lying ceuse given in	Part I.	24a. WAS AN A PERFORM 1 YES 2	MED?	CO OF	RE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
			. A.		*	_			1	YES 2 10
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			B. PLACE OF DEATH (Ch	eck only or	16)			
<u>s</u>	1 YES 2 NO	1 Inpatient 2 - ER/Outpati	lent 3 DOA 4		Home 5 🗆 Rasidence	6 🗆 Othe	r (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	28b. TIME OF		INJURY AT WORK? YES 2 NO	28d. DES	CRIBE HOW IN	JURY OCCUR	ED	
ETED	2 Accident 3 Suicide 8 Could not be detarmined 4 Homicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							Number,		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the beat of my knowled	ige, death occurred at	the time, o	data and place, and due	to the cau	use(s) and mann	ner as stated.	luse(a) an	d manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					onth, Day, Year)
10 BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH)	d)	D373	364		▶ 1 3	10 -	> .
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	JAN 07 1992	3. REGISTRAR'S SIGNAT	Ganda Pa						,	

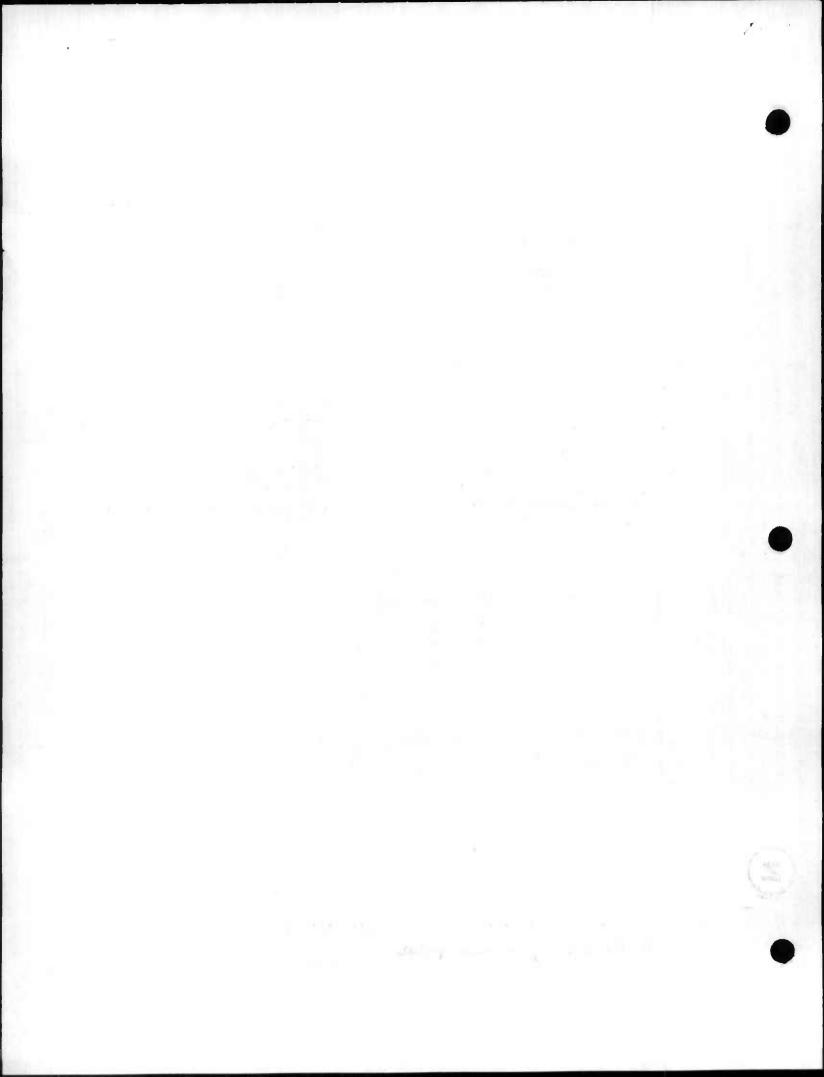
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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	THE MEMORIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	THE FIGURE After this certificate has been signed by the attending physician and completely filled in by the funeral di	The water 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIEN	- 1 i .	00183		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	HILDA	A (Augusta)	_	IGHT		MONTH DA	2 92	03:30 AM M		
	4. SOCIAL SECURITY NUMBER		MONT	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHE	LACE (State or Foreign		
	217-18-0009 9e. FACILITY NAME (If not institution, give		9 YRS.			11/14/19		inois		
α					R LOCATION OF DE	EATH	THE COUNTY OF BEALTH			
DIRECTOR	NORTH ARUNDEL I	105PITAL ASSUC	BURNIE		A.A	. COUNTY				
RE	10e. STATE 10b. COUNT				10d. INSIDE CITY LIMITS?					
		Arundel	Pas	sadena	•			1 TES 2 NO		
RAI	100. STREET AND NUMBER	inolo		10f.	ZIP CODE	122	10g. CITIZEN OF WI			
FUNERAL	7934 Liberty C	12. WAS DECEDENT EVER IN U.S	2 ADMED				USA			
	1 Never Married 2 🔀 Merried	FORCES? 1 YES 2	XXVIO	If yee, spe	cify Cuben, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	Black,	- American Indian, White, etc.		
ВУ	3 Widowed 4 Divorced	I TES, GIVE WAR ON DATES	·	1 L YES	2 X NO Specify	<i>r</i> :	Specify	White		
TED	15. DECEDENT'S EDU (Specify only highest grade	ICATION 166 completed)	Give kind of work d	AL OCCUPATION	N t of working	16b. KIND OF BUS	INESS/INDUSTRY			
۳	Elementary/Secondary (0-12) 11th Grade	College (1-4 or 5+)	Homemal	red.)	•	House	.: 60			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		nomema	ker						
	William Henr	y Pag	e		Nettie	ME (First, Middle, Maiden S		ge		
BE (19e. INFORMANT'S NAME (Type/Print)	-12 ₃₄		RESS (Street an		Route Number, City or Town		.5-		
2	Mr. William G. T	ravers	7934 Li	iberty	Circle,	Pasadena	, Marylar	d 21122		
	20e. METHOD OF DISPOSITION 1 Durlet 2 X Cremation 3 Rem	20b. PL/	ACE AND DATE OF DIS	POSITION (Nan	ne of	DATE 20c. LOC	ATION — City or Tow	n, State		
	4 Donation 5 Other (Specify)	Me	tro Crematory or other plants				onsville,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	Kevin E. E	cker	MCCUT	ADDRESS OF FAC	al Home Of	Brooklyn			
_	1<-22			237 E.	. Pataps	co Ave., B	alto. Md			
	23. PART 1. Enter the diseases, or shock, or heart failure.	complications that caused the List only one cause on each	a death. Do not er	nter the mod	e of dying, suct	aa cardiac or respir	atory arrest,	Approximata interval Batween		
	IMMEDIATE CAUSE (Final disease or condition			Ct	20/10			Onsat and Daath		
	resulting in death)	S. DIE TO OR AS A CO	- I'km	3 '	TOKE					
-		Brain - DUE TO (OR AS A CO) RESPONDE	Level	a	mes	1-				
9	Sequentially list conditions, if any, leading to immediate	b. Respos To DUE TO OR AS A COL	NSEQUENCE OF):		,,,	,				
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Hypy	tengion							
E	that initiated events resulting in death) LAST	DUE TO (OR AS A COI	-							
CERTIFICATION		d. My	tem							
A	PART II. Other aignificant condition	s contributing to death but n	ot reaulting in the	underlying	cause given in I	Part I. 24a. WAS AN A		VERE AUTOPSY FINDINGS		
9	Het	h vogcler	TAS.			1 YES 2	dame!	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
M								YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED-TO MEDICAL									
Sici	EXAMINER?	HOSPITAL:		HER:	CE OF DEATH (Che					
Ħ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	Nursing Home 28c. INJU		8 Other (Specify) 28d. DESCRIBE HOW IN.	ILIBY OCCUPED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	K?		00001125			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY A building, atc. (Specify)	it home, ferm, street,	factory, office		28f. LOCATION (Street en	d Number or Rural Roo	ite Number,		
COMPLETED	4 Homicide datermined					City or Town, State)				
APL	29e. CERTIFIER (Check only one)	CIAN: To the best of my knowledge	, death occurred at ti	he time, date e	nd place, end due t	to the couse(e) end menn	er ee stated.			
ő	2 MEDICAL EXAMINE	R: On the beele of examination end	for investigation, in n	my opinion, dea	th occured at the t	lime, date end piece, end	due to the ceuse(e)	end manner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NUM		29d. DATE SIGNED (A			
2	30. NAME AND ADDRESS OF PERSON WH	O COMBI ETER CHIEF CO.			D14	136	► 1'-2.	-92		
	DALJIT S. SAWHI			Y 9	W #201	GLEN RIDNI	F MADVI	AND 21061		
		32. REGISTRAR'S SIGNATUR		1., 0.	π - π - 201/	OUTIN DOKNI	TARILI	71001		
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DIVISION OF VITAL RECORDS, P.O.

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6	5 should be		notified at
and a second of the second of	ttending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tran-		, or other traumatic event, the medical examiner must be notified at once.
	he funeral	ral.	examine
	led in by t	, or remov	medical
	ompletely fil.	al Hygiene prior to burial, cremation, or removal,	event, the
	sician and c	prior to buria	traumatic
	tending phy.	al Hygiene p	or other

Pages 1, 2, 3 should

92 00186 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN VEAD Herbert C. Kluge 1-4-92 6:30 A. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 😡 M 2 🗌 F DAVE 83 218-07-2150 3-21-1908 Baltimore 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis scott Key MEdical Center Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1XXYES 2 NO FUNERAL 10e STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21206 6304 Everall Avenue U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE --- American Indian, Black, Whita, atc. FORCES? TYPES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TES 2 NO Specify: 3 👿 Widowed 4 🗌 Divorced Specify: WW II White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Armed Forces Institute of Elementary/Secondary (0-12) College (1-4 or 5 +) Pathology - Walter Reed Hosp. 8th Grade Medical Librarian 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Anna Klenner Frederick C. Kluge BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 128 Rosetree Lane Exton, Pa. --19241 2 Charles G. Kluge 20a, METHOD OF DISPOSITION
12 Buriel 2 Cremation 3 Removat from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE ☐ Donation 5 ☐ Other (Specify) 1-7-91 Parkwood Cemetery Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 6415 Belair Road athlier Baltimore, Md. -21206 John C. Miller, Inc. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): neumonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Failure cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated aventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) OTHER:
4 | Nursing Nome 5 | Residence 6 | Other (Specify) 1 | YES 2 | NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WDRK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation BY м 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town State) COMPLETED 8 Could not be 4 Homicide 1X CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as ateted. 2 MEDICAL EXAMINER: On the basis of examin n and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. BE

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Dr. Rebecca Elon, Francis Scott Key Medical Center, Baltimore, Maryland 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 07 1992

29c. LICENSE NUMBER

D41955

29d. DATE SIGNED (Month, Day, Year)

5.92

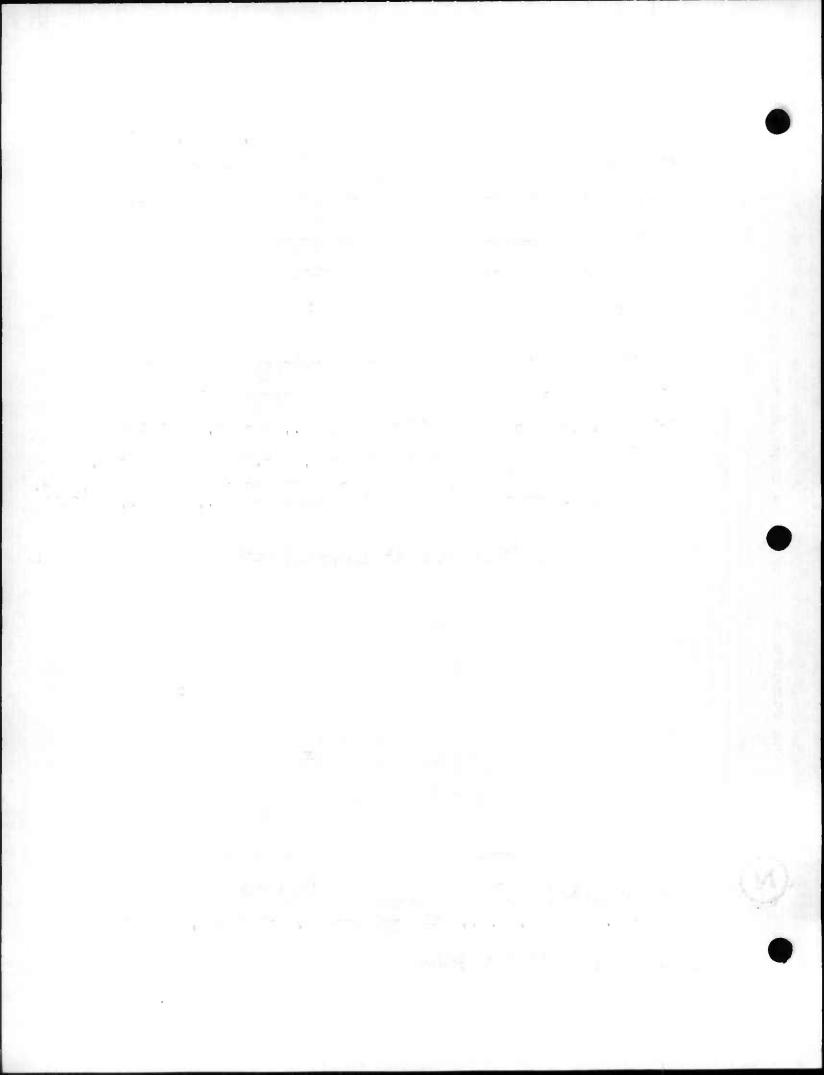
OHMH-16 Rev 1/89

THE PARAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 should be retained by the hospital or attending physician.

The PARAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be found at the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

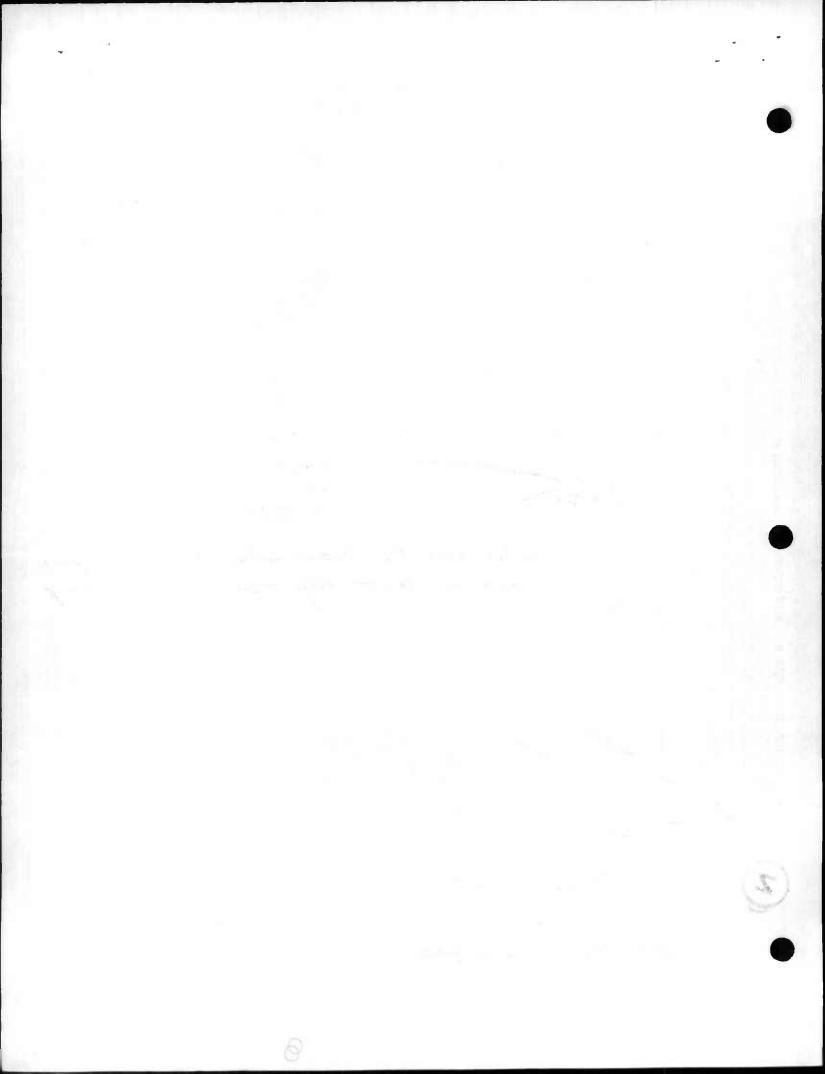
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	CAT	T OF H	EALTH DEA	AND	MENT	AL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATI	1		3. TIME OF DEATH
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1 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. las		IF UNDER			R 24 HRS.	7 DAT	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
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-	9e. FACILITY NAME (If not institution, give				9b. CITY	, TOWN O	R LOCATI	ION OF DI				JNTY OF D	
DIRECTOR	3811 Canterbe	erry Road			В	alt	imor	ce			_ .		
EC	10e. STATE 10b. COUNT	. TOWN	OR LOCAT	ION					-	tod. INSIDE CITY			
I E	Maryland				alt		20					LIMITS?	
	10e. STREET AND NUMBER	1		_	ZIP COD				10a. CI	IZEN OF V	WHAT COUNTRY?		
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FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. AF	MED	13.	WAS DEC	ENDENT (OF HISPAI	VIC ORIG	N? (Specify	Yee or No-	14. RACE	E - American Indian.
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	- Wales - 12 - 213/4												White
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12	Elementary/Secondary (0-12)	College (1-4 or 5+)		_		- D	7			ъ.	- 7 73		
N.	17. FATHER'S NAME (First, Middle, Last)	2	Rea	l Es	tat	е Д					al Es	stat	e
	Albert Kermis	oh									den Surname)		
BE	19e. INFORMANT'S NAME (Type/Print)	CII	1.0	h MAII INC	ADDDEC	C (Ctor. ct.)				Turl	Town, State, Zi		
2	Michael G. Ker	misch									MD 21		
	20e. METHOD OF DISPOSITION	20		ANDDATEO				, ,	PAI		LOCATION -		Cont
	1 Donetion 8 Other (Specify)	noval from State	Me T	ro C	er place)	ato	~~.	Tnc	01	_04			re, MD
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSES	2/	-	22.	NAME AN	D ADDRE	SS OF FA	CILITY	91	Dal	O IIIIO	re, hi
	George E.	MaaNabb	4		I C	rema	itic	n S	oci	ety	of Ma	iryl	and, Inc.
	23. PART I. Entar tha disessaa, or		ad the de	oth Do -									MD 21228
	anock, or neart failure.	List only ona cause on	sach line	19th, DO N 3-	ot enter	tna mo	ae or dy	ing, auc	n aa ca	alsc or ra	spiratory ar	rest,	Approximata intsrvsi Batween
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1 11	PART II. Other significant condition	ns contributing to dasth	but not r	aaulting in	tha ur	derlylno	Cause (alven in	Dart I	24a WMC	AN AUTOPSY	245	WERE AUTOPSY FINDINGS
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Σ									_				t NES 2 NO
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Sic	EXAMINER? 1 YES 2 XNO	HOSPITAL: 1 Inpatient 2 ER/Ou	Instinct 2		OTHER	3:							
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	,	28b. TIME	OF	28c. INJU		sidence		er (Specify)	W INJURY OC	CURED	
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B	2 Accident Investigation 3 Suicide S Could not be	28e, PLACE OF INJUR	RY — At ho	me, ferm, at	reet, fact				28f. LO	CATION (Stre	et and Numbe	r or Rural R	loute Number
TED	4 Homicide determined	building, etc. (Sp	ecify)					- 1		or Town, St			
COMPLET	29e. CERTIFIER (Check only	ICIAN: To the best of my kno	wledge, de	ath occurred	of the t	me dete	and place	and due	to the ea		7/1//2005		
M	one) 2 MEDICAL EXAMINI	ER: On the basis of examinat	lon end/or i	investigation	, In my o	pinion, de	ath occur	ed at the	time, dat	end pleca	end due to ti	ted. he ceusele	end menner se steled
	200. SIGNATURE AND TITLE OF CENTURE												110
B	V Chi Do	DIE					-	193	-		29d. DAT	SIGNED	(Month, Day, Year)
2	38. NAME AND ADDRESS OF PERSON WI	COMPLETED CAUSE OF D	HEATH GTES	M 27) (7/po. /	Print		21	10	10			131	1^
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3	1. DECEDENT'S NAME (FIRS SANG		Y ANG			KIM						AY (9 ZAR	3. TIME OF DEAT
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In	8. AGE (In yrs. last birthday) IF UNDER 1 YEA			IF UNDER	24 HRS	7. DATE OF BIRTH				
	218-76-771	7	1 M 2 N F	83 YRS		MONTHS	Y -	HOURS	MIN.	(Mor	nth, Day, Year)		8. BIRTHPLACE (State or For Country)	
	9a. FACILITY NAME (# not		street and number)		9b. CIT	. CITY, TOWN OR LOCATION OF DE			MAY 20, 1908			KOR		
TOR	NORTH ARUN	VDEL HO	OSPITAL A	SSOCI	ATION		GLEN	BURN	IE					COUNTY
DIRECTOR	10a. STATE	10b. COUNT	TY		10	c. CITY, TOWN	CITY, TOWN OR LOCATION							10d. INSIDE CITY
							TON							LIMITS?
3AL	10e. STREET AND NUMBER 10f. ZIP CO							f. ZIP COD	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?
FUNERAL	361 BALTIMORE AVE.							21113					REA	
5	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO					13	II yes, sp	CENDENT C	F HISPAN	IIC ORIGI	IN? (Specify Yas Rican, atc.)	or No-	14. RACE Black	- American India
ВУ	3 X Wildowed 4 Divorced IF YES, GIVE WAI			WAR OR DAT	ES		1 TYES	2 X NO	Specify	r:	, , , , , , ,		Specify	у:
	15. DECEDENT'S EDUCATION				18a. DECEDI	NT'S USUAL (OCCUPATION	ON	-	1.10	b. KIND OF BUS	EINESS /INO		IENTAL
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5				(Give kin	nd of work done IOT use retired.	during mo	ost of working	ng	100	L KIND OF BUS	SINESS/INDO	USTHY	
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ш	IN SOON K							τ	JNKNO	OWN				
10 B	19a. INFORMANT'S NAME (Type/Print)										nber, City or Town			
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	20g, METHOD OF DISPOSIT	TION Ion 3 🗆 Ren	noval from Stata	20b. P	LACE AND	ATE OF DISPO	SITION (Na			DA		CATION — C		
	4 Donation 5 Donat	r (Specify)		ME	ADOWR	IDGE M	EMOR				-92 ELK	KRIDGI	E, MI	D
	21. SIGNATURE OF FUNDA	AL SERVICIYLE	CEMINE			22	. NAME A	NO ADDRES	SS OF FAC	YTUK	L HOME			
	1 22	01/0.	Pla											
		ieart iailure.	complications the	t caused t	the death.		1 SE	COND	AVE	. s.	W. GLE	N BIIR	NIE,	Approxima
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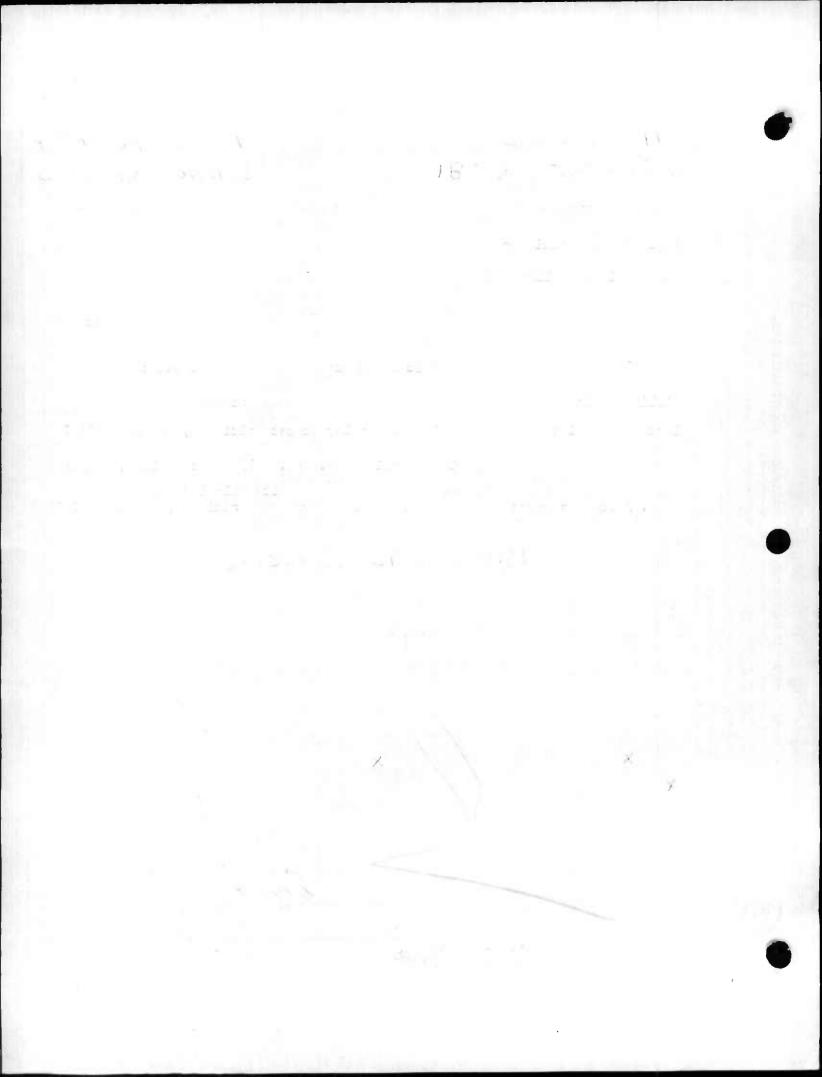


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	REGISTRAR	YLAND / DEPAI CERTIF	RTMENT OF HI		NTAL HYGIEN		00101			
	Helen Laur	DOYLE LAU	R	2	DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 2.13-10-6245 1 M 2 F 81 9a. FACILITY NAME (if not institution, give street and number)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	DATE OF BIRTH	OR	IRTHPLACE (State or Foreign puntry) APCYLAND				
OR	Stella MARIS		Jows	LOCATION OF DEATI	4	Bal	TIMORE			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y, TOWN OR LOCATIO	ON			10d, INSIDE CITY				
	Maryland Baltimore 100. STREET AND NUMBER						1 YES 2 NO			
FUNERAL	2300 Dulaney Valley Road		101.	21204		USA	OF WHAT COUNTRY?			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR O	ES 2 NO	13. WAS DECE If yes, spec 1 YES	NDENT OF HISPANIC (Ity Cuban, Maxican, P LANO Specify:	ORIGIN? (Specify Year tuarto Rican, etc.)	E	NACE — American Indian, Black, White, atc. White			
ON PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16s. DECEDENT'S (Give kind of life. Do NOT u Medical	"S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND O							
COM	17. FATNER'S NAME (First, Middle, Last)	11042042		18. MOTNER'S NAME						
BE	William Dovle 19a. INFORMANT'S NAME (Type/Print)				Hathaway					
10	Winston Brundige	100 S.	Charles	Street Ba	altimore,	n, State, Zip Code, Mary 1a	and 21201			
TRUST D	### Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cemetary, crematory or of	OF DISPOSITION (Name	Can		CATION — City o				
examiner must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSE Quilance Value Mem. Gar. 1/6 Lutherville, Maryland 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home G. Joseph Ferrarse M00203 6500 York Road Baltimore, Maryland 21212									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	REATONSEQUENCE OF	ne C			atory arrest,	Approximata Intervel Between Onset and Death			
AN: MEDICAL	PART II. Other significant conditions contributing to death	h but not resulting			PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANAL ABLE PRIOR TO COMPLETION OF GAUSE OF DEATH? 1 YES 2 NO			
YSICI	EXAMINER? 1 YES 2 XNO HOSPITAL: 1 Inpetient 2 Inpetient 2	Autostient A 🗆 DOA		5 - Residence 6 -						
B B	27. MANHER OF DEATH 1 X Natural 5 Pending (Month, Day/Mia 2 Accident Investigation	/ 100	E OF 28c. RUUR WORK W 1 YE	Y AT 280	I. DESCRIBE HOW IN	JURY OCCURED				
	3 Suicide 6 Could not be determined 28e. PLACE OF hult building, etc. (5)	ply — At home, farm, a (secily)	street, factory, office	261	LOCATION (Street at City or Town, State)	nd Number or Run	al Poule Number			
COMPLETED	Check only 1 CERTIFYING PHYSICIAN: To the best of my kn (check only) 2 MEDICAL EXAMINER: On the basis of examine	cwietige, death occurre	nd at the time, date an	od piece, and due to the	he cause(s) and many , date and place, and	ter an stated. I due to the caus	e(v) and manner as stated.			
TO BE	200. BIGNATURE AND TITLE OF CERTIFIER			1/14GO	4	29d. DATE SIGN	ED (Month, Day, Wer)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) / Sps.	Print)							
	31. DATE FILED (Month, Day, Year), 32. REGISTRAR'S SH	on Randell			-					
	THIS I ISAN STANDARD	01			7					



	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	ICATE C	HEALTH AND F DEATH	D MEI	NTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last	88 6	inahus	a	SR	- 1	DATE OF DEATH	4 9	EAR	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 218-18-1780	5. SEX 8. A	GE (In yrs. lest birthdey) 7 9 YRS.	IF UNDER 1 YEAR		s. 7. I	DATE OF BIRTH (Month, Day, Year)	,	BIRTHPL/ Country)	ACE (State or Foreign			
_	9e. FACILITY NAME (If not institution, give street end number)			9b. CITY, TOW	N OR LOCATION OF	F DEATH	7/28/1-	9c. COUNTY	OF DEAT	7111			
DIRECTOR	Charles town RESIDENCE OF DECEDENT	('ARE ('e	nter	BAI	timoe	2		BA	Balto.				
DIRE	106. STATE 106. COUN Balt	10c. CIT	10c. CITY, TOWN OR LOCATION Catonsville 10d. INSIDE CITY LIMITS? 1 Yes 2 No										
FUNERAL	10. STREET AND NUMBER 707 Maiden Choi	ico Lano	An+ 0 604	10f. ZIP CODE 10g. CITIZEN									
FUNE	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEOENT EVE FORCES? 1 1 Y	Apt. 8-604	13. WAS	21228 DECENDENT OF HIS specify Cuben, Mer	PANIC O	RIGIN? (Specify Yes		SA RACE — Black, W	American Indian,			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O				ecify:	iono Rican, etc.)		Specify:	White			
ETEL	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	(UCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUP. work done during se retired.)	TION most of working		16b. KIND OF BUS	INESS/INDUS	TRY				
COMPLETED	8 Years 17. FATHER'S NAME (First, Middle, Last)		Cha	auffeur					nsit	Authority			
BE CO	Howard Linaburg]					ie Carper						
5	190. INFORMANT'S NAME (Type/Print) Grace Huff Lina	aburg	19b. MAILING 707	ADDRESS (Street	et and Number or Ru Choice	Lane	Number, City or Town	State, Zip Co	∞ 2 aton	1228 sville, Md			
	20e. METHOO OF DISPOSITION 1 X Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DATE of Cometery, Crematory of Of	OF DISPOSITION	(Name of		OATE 20c. LOC	CATION City	or Town,	State			
	21. SIGNATURE OF FUNERAL SERVICE L	Burnsids.	2	22. NAME Mit	AND ADDRESS OF	FACILIT	/7/92 Bal Feld Home	I Inc	e, M	u.			
	James F. Bl. 23. PART I Enter the diseases, or	mnside, Jr.		650	0 York R	d.	Baltimor	re. Md	. 2	1212			
	shock, Dr heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due To (OR A	RATION	s for	Secre	ال ال	A	atory srrest	,	Approximate Intsrval Betwesn Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evants resulting in dasth) LAST	b. DUE TO (OR A	S A CONSEQUENCE OF); JS () tspr	181	2_						
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to deat	h but not resulting i	n the undsrly	ing cause givan	in Part	i. 24a. WAS AN A PERFORM	MED?	A/A COI DF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:	hutnetlest 3 (DOA	OTHER:	PLACE OF DEATH								
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. OATE OF INJUR (Month, Day, Yea	RY 26b, TIMI	E OF 26c.	OME 5 Resident NJURY AT WORK?	_	DESCRIBE HOW IN	JURY OCCUR	ED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e PLACE OF IN.II	JRY — At home, term, a		YES 2 NO	261.	LOCATION (Street en City or Town, State)	nd Number or F	Rural Route	Number,			
COMPLETED		SICIAN: To the best of my kr							ouse(e) and	d manner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	illa	MO		29c. LICENSE N			29d. DATE SI					
	30. NAME AND ADDRESS OF PERSON WI		DEATH (ITEM 27) (Type,	-	ronsu	14	a m		7 2	28			
	JAN 07 1992	32. BEGISTHAR'S SI	GNATURE PANCES				(, , ,				



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	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
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GER 4. SOCIAL: 218-2 9e. FACILIT 3303 RESIDE: 10e. STATE 3303 11. MARITAI 1 □ Never	BRIGHTON STI	1 M 2 F treet and number) REET	63	YRS.	IF UNDER 1 SIONTHS S	YEAR IF		7. DATE OF BII	024 92 Y	3. TIME OF DEAT BIRTNPLACE (State or For	N		
218-2 90. FACILIT 3303 RESIDEI 100. STATE MARYI 100. STREE 3303 11. MARITAI 1 Never	O-7911 (NAME (If not institution, give a BRIGHTON STITUS) DECEMBER 100. COUNTY 100. COUNTY AND BALT: AND BALT: BRIGHTON S STATUS	1 MM 2 F F treet and number)	63	YRS.	Db. CITY, T	DAYS HO		7. DATE OF BII	ATTN 8.	BIRTHPLACE (State or Fo			
3303 RESIDEI 10e. STATE MARYI 10e. STREE 3303 11. MARITAI 1 □ Never	BRIGHTON STI	REET	7			TOWN OR L	(Month, Day Year)						
10e. STATE MARYI 10e. STREE 3303 11. MARITAI 1 Never	AND BALT: AND NUMBER BRIGHTON S STATUS		7	10c. CITY,		99. FACILITY NAME (If not Institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 81. TIMORE 82. COUNTY OF DEATH 93. CITY, TOWN OR LOCATION OF DEATH 94. CITY, TOWN OR LOCATION OF DEATH 95. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 91. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 91. CITY OF DEATH 91. CITY OF DEATH 91. CITY OF DEATH 91. CITY OF DEATH 92. COUNTY OF DEATH 93. CITY OF DEATH 94. CITY OF DEATH 95. CITY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. CITY OF DEATH 97. CITY OF DEATH 97. CITY OF DEATH 98. CITY OF DEATH 98. CITY OF DEATH 98. CITY OF DEATH 99. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 90. CITY OF DEATH 9							
3303 11. MARITAI 1 Never	BRIGHTON 'S	21.0112 021		BATA	TOWN OR	LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2			
11. MARITAI	STATUS			י ווויים	1 11,01		P CODE		10g. CITIZEN	OF WHAT COUNTRY?			
1 Never	. A	TREET				2	1216		IMTT	PED STATES			
	red 4 Otvorced	12. WAS DECEDENT FORCES? 1] IF YES, GIVE WA WO'LD	EVER IN U.S. AI YES 2 D R OR DATES War II	RMED NO	lf y	yes, specif		NIC ORIGIN? (Spi an, Puerto Rican, fy:	cify Yee or No- 14	. RACE — American Indi- Black, White, etc. Specify: BLACK	en,		
Element	15. OECEDENT'S EDU (Specify only highest grade ary/Secondary (0-12)		(C	GIVE KIND OF WOOD DO NOT USE TRU	rk done dui retired.)	uring most o			OF BUSINESS/INDUS	ТЯУ			
	S NAME (First, Middle, Last) ALD DESMOND L	ONG, SR.					S. MOTNER'S N.	and the same of	Malden Surname)				
	RES S. LONG			3303 E					y or Town, State, Zip Co E, MARYLAI				
1 🗆 Buriel	DO OF DISPOSITION 2 Cremation 3 Rem ion 5 Other (Specify)	oval from State		SON IN				0ATE 1-8-92	OWINGS M	y or Town, State ILLS, MARY	LAN		
21. SIGNAT	alow L.	Wille	mb				HARRI			CULLOH ST , MARYLAND			
IMMEDIA	I. Enter the diseases, or shock, or heart failure. FE CAUSE (Final r condition in death)				et enter ti	the mode				t, Approxim Interval B Onset and	etwee		
if any, ia: cause. Er CAUSE (I that initia	olly list conditions, ding to immediate tar UNDERLYING Disease or injury ted events in death) LAST	b. OUE TO (OR AS A CONSE	OUENCE OF)	ila.) [450	D. AS	SCVI)				
PART II.	Other significant condition	ns contributing to	death but not	resulting in	tha und	darlying c	ause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE		
EXAMI		HOSPITAL:											
		1 □ Inpetient 2 □ ER/Outpatient 3 □ DOA 4 □ Nursing 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY INJURY				Version Vers				REO	Ť		
2 A4 3 St 4 He	icide 8 Could not be	28e. PLACE Of building,	INJURY — Al h	nome, farm, st	reet, factor			28f. LOCATION	N (Street end Number or vn, State)	Rural Route Number,			
29a. CERTI (Check one)	only 1 CERTIFYING PNYS	1	-						and manner as stated	gause(a) and menner ee	stated.		

PART II. Other eignificent condition	ns contributing to death but not	resulting	in the underlying cause given in i	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26, PLACE OF OEATH (Che	ck only one)	
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatient	3 🗆 DOA	OTHER: 4 □ Nursing Home 5 □ Residence	Cher (Specify)	
27. MANNER OF OEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	AE OF 28c. INJURY AT WORK?	28d. OEŞCRIBE HOW INJURY OCC	UREO

WHO COMPLETEO CAUSE OF DEATN (ITEM 27) (Type, Print)

JAN 07 1992

AULEN HETTLEMAN, M.D. SUITE 365

32. REGISTRAR'S SIGNATURE

1777 REISTERSTOWN ROAD BALTIMORE MD 21208

ALLEN FERRINANA MIR.

SAITE SYS

1777 FERRINGSON FIRS

BALTIMORE, FST , 21209

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been stoned by the attending physician and connected filled in by the financial director name 5 changed has decreased for two control of the attending physician.
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT OF	HEALTH F DEAT	AND ME	ENTAL HYGIEN REG. NO	_	2 (00190
	1. DECEDENT'S NAME (First, Middle, Last)	Stanle	у].	Maza	lewsk	2	January	5, 199	VEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-07-1599 9a. FACILITY NAME (If not institution, give	5. SEX 1 X M 2 F	8. AGE (In yrs. Ias 73	st birthdey) YRS.	IF UNDER 1 YEAR						
ECTOR	5307 Tramore Rore Rore Rore Rore Rore Rore Rore R				96. CITY, TOWN OR LOCATION OF DEATH Baltimore City					ГН	
DIRECT	10a. STATE 10b. COUNT			10c. CITY	CITY, TOWN OR LOCATION 10d. INSIDE CITY						
	Maryland 100. STREET AND NUMBER				Daltimoso City					X YES 2 NO	
FUNERAL	5307 Tramore F		T EVED MILLO AN		21214 United States				States		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 (X) YES 2 NC IF YES, GIVE WAR OR DATE WWW I I				If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 / NO Specify:				American Indian, white, etc. White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G life.	ive kind of w Do NOT us	USUAL OCCUPA rork done during a retired.)	most of workin	g	16b, KIND OF BU	SINESS/INDU	STRY	
COM	8 yr's 17. FATHER'S NAME (First, Middle, Last)			enera	1 Moto	7-	IER'S NAME	(First, Middle, Maiden	Sumeme)		
BE	Vincent 19a. INFORMANT'S NAME (Type/Print)	Mazalews		b. MAILING	ADDRESS (Stree		Anna	te Number, City or Tow	Gibov		
10	Mrs. Genevieve M	lazalewsk		-	ame as	4.	or rioral riool	to realition, City or low	rr, State, Zip (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	20a. METHOD OF DISPOSITION 1	novel from State	cemetery, cre	matory or ot	her place)		/10/9		cation — callin		Stota Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	censee Paul I	Hartsoo	k,Jr.	22. NAME	AND ADDRES	S OF FACILI	Balt	imore 5305	, Md.	21214
CERTIFICATION	23. PART I. Enter the diseases, or ehock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	a. META: DUE TO DUE TO C.	STATE TO (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION	DUENCE OF	IR RI ARCIN	GHT	LUNG				Approximate interval Between Onset and Dasth Smorth,
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ne contributing to	death but not r	asuiting l	the underly	ng causa g	iven in Par	1 YES 2	MED?	CO	ERE AUTOPSY FINDINGS AIL ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DE	ATH (Check	only one)			
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 I	INJURY	28b. TIME	OF 28c, I	HJURY AT		Other (Specify)	NJURY OCCU	RED	
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get be	28a. PLACE OF	F INJURY — At ho		M 1	YES 2		t LOCATION (See)		Dord Dord	
ETEC	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Number,			
COMPLETED	(Check only one) 298. CERTIFIER 1 CERTIFYING PHYSI (One) 2 MEDICAL EXAMINE	CIAN: To the beat of an	my knowladge, dec aminetion and/or is	ath occurred	d at the time, de , in my opinion,	ta and placa, death occure	end due to t	the cause(a) and man	ner as stated	l. cause(a) an	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	1					NSE NUMBER				onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)		\$13			6-	
	Dr. J.R. Saunders 31. DATE FILED (MONth, Day, Year)				ell Br	iage F	ka. B	saltimore	, Md.	212	U4
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, case 5, should be detached for use as the burial-sheet narrow in Danas as	7 11	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mu	
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92 00191 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Mary Miller January 6, 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year March 17, 1 M 2 DAYS HOURS 244-34-0893 64 YRS. North Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1502 Becklow Avenue Middle River Baltimore RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Middle River 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1502 Becklow Avenue 21220 U. S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If was, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE --- American Indian, Black. White, atc. If yes, specify Cuban, Mexican, Puerto Ri-1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed W Divorced Specify: White 16a. DECEDENT'S USUAL OCCUPATION

(Che kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Horace M. C. Drye Julia Crayton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Tina A. 1502 Becklow Avenue Sproul Middle River, Md. 21220 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Burial 2 Semation 3 Rei Holly Hill Memorial 1/8/1992 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home 1407 Eastern Avenue Baltimore, Maryland 21221 23. PART I. Enter the disease ins that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart failt . List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Plan Onset and Death disease or condition resulting in death) SQUAMOUS CARCINOMA OF THE ORAL CAUTY DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentieily list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART ii. Other aignificant conditione contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED2 AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence & Other (Specify) 28s. DATE OF INJURY 27. MANNEB-OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) a Could not be 4 Nomicide 1. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER OTOLARYPGOLOGY 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) KoTHMON MO 92 MEDITENT 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

HOPKINS

32. REGISTRAR'S SIGNATURE Davidson Randelle

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AN	D MENTAL HYGIEN		- 00126			
	1. DECEDENT'S NAME (First, Middle, Last) MURPH	SARAH SARAH	ADELAIDE 1	MURPHY	2. DATE OF DEATH MONTH	1992				
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 1									
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 1 HOWARD COUNTY GENERAL HOSPITAL POWARD 9b. CITY, TOWN OR LOCATION OF DEATH 1 HOWARD 9c. COUNTY OF DEATH HOWARD 1 HOWARD									
		Howard Columbia Columbia								
FUNERAL	100. STREET AND NUMBER 6336 C	e LANE			44 21044	USA	F WHAT COUNTRY?			
B	1 Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	A AMO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Max 1 YES XXO Sp	PANIC ORIGIN? (Specify Yes kicen, Puerto Ricen, etc.) ecify:	8	ACE American Indian, lack White etc.			
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	IIII. Do NOI use re	done during most of working tired.)	18b. KIND OF BUS		Y			
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Executive	Secretary	Printin	<u> </u>				
111	Charles R. Clea	r			NAME (First, Middle, Maiden laide McGowa					
2 0	19a. INFORMANT'S NAME (Type/Print)	·L	19b. MAILING AD	DRESS (Street and Number or Rui						
10	Howard C. Filber	t Jr.	T .	. Seminary Av						
must be	20e. METHOD OF DISPOSITION ↑ XBurial 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	20b	PLACE AND DATE OF D		OATE 20c. LO	CATION — City or				
examiner must be	21. SIGNATURE OF FUNERAL SERVICE LA Dennis Stephe	Ken Kenak	M00640	22. NAME AND ADDRESS OF	FACILITY itchell-Wied	lefeld H	Home			
ry, or other traumatic event, the medical CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL CI	PART II. Other eignificent condition	d. e contributing to death be	ut not resulting in ti	ne underlying ceuse given		MEO?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: V	OT	28. PLACE OF DEATH (Check only one)					
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Output	28b. TIME OF	Nursing Home 5 Realdence 28c. INJURY AT WORK? M 1 YES 2 NO	a 8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED				
TED	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
O BE COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED	CIAN: To the best of my knowles: On the beals of examination	edge, death occurred at and/or investigation, in	the time, date and place, and d my opinion, death occured at t	tue to the cause(a) and mans he time, date and placa, and	ner as atated.	e(s) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Seven Selle M.	0		29c. LICENSE N	1613	29d. OATE SIGN	(Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO STEVEN Goller 31. DATE FILED (Month, Day, Year)	MA 950	Old Am	1 44	colt City M	10 210	42			
	JAN 07 199	Julia David	on-Randell		,					



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THE HIGH TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The law of the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 1, 2, 3 should be detached for use 2, 3 shows any linear beautified at once.

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIEN	E	12 00	193	
	1. DECEOENT'S NAME (First, Middle, Lest)	hy MII	Margaret M			2. DATE OF DEATH DA	v ğ	3. TIME OF DI	EATH PM	
	4. SOCIAL SECURITY NUMBER 210-10-3604	5. SEX 6. AGE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-14-15		BIRTHPLACE (State of Country) West Virg		
	9a. FACILITY NAME (If not institution, give st	reet and number)	91	b. CITY, TOWN C	R LOCATION OF DI		9c. COUNTY		IIILa	
CTOF	Good Samaritan H			Baltim	ore City	7	1	n/a		
DIRECTOR	Maryland 10b. county	100.011, 10			on or Location			10d. INSIDE CITY LIMITS? 15XXVES 2 \(\square\) NO		
FUNERAL	10e. STREET AND NUMBER				ZIP CODE	10g. CITIZEN	IZEN OF WHAT COUNTRY?			
NE I	6111 Tramore Road				21214			U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WHO IF YES, GIVE WAR OR DATES			If yes, spe	ENDENT OF HISPAN cify Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No— 14.	14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade	S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY uses retired.								
2	Elementary/Secondary (0-12)	3 yrs	Registere	,	0	Modi	007			
8	17. FATHER'S NAME (First, Middle, Last)	J YLS	Registere	ed Nurs		Medi				
	Matthew Simpson (Cunningham			Alma	me (* NO., MIOGIA, MIGIORIT.	surrame)	Pebbler		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Town	, State, Zip Co.			
2	Kenne Miller-Lynd	ch		ermaid Dr. Annapolis, Maryland 21401						
	20e. METHOD OF DISPOSITION 1								zania	
	21. SIGNATURE OF FUNERAL SERVICE LICE		-					Tellisyl	vanita	
	John G. Reitz	John St	tal)			defeld Hom Baltimor		rvland 211	21.2	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF):)				Onset a	nd Death	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death b	ut not resulting in the	he underlying	cause given in	Part I. 24s. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY AVAILABLE PRIC COMPLETION OF OF CEATH?	R TO F CAUSE	
						- 1		1 🗌 YES 2 🗀	NO NO	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER2			26. PL	CE OF DEATH (Che	ick only one)				
ž	4	HOSPITAL:		THER: Nursing Home	5 🗆 Rasidenca	8 Other (Specify)				
Ē	27. MANNER OF BEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJU	RY AT	28d. DEŞCRIBE HOW IN	JURY OCCUR	ED		
à	1 Accident 5 Pending Investigation				S 2 NO					
- 11	3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	At home, farm, stree	t, factory, offica		28f. LOCATION (Street are City or Town, State)	d Number or F	Rural Route Number,		
COMPLETED	2 MEDICAL XAMINER	IAN: To the best of my knowl	ledge, death occurred at	t the time, date of	nd place, and due	to the cause(a) and menn	er as stated. due to the ca	use(a) and manner as	stated,	
10 85	296. SIGNATURE AND TITLE OF CERTIFICE	102h	mille	eall	DO DO	1383	29d. DATE SIG	GINED (Month, Day, Yea	r)	
-	30. HAME AND ADDRESS OF PERSON WHO	Dona	o//mi	- 40	Pade	he House	130/	tocity	2/2/	
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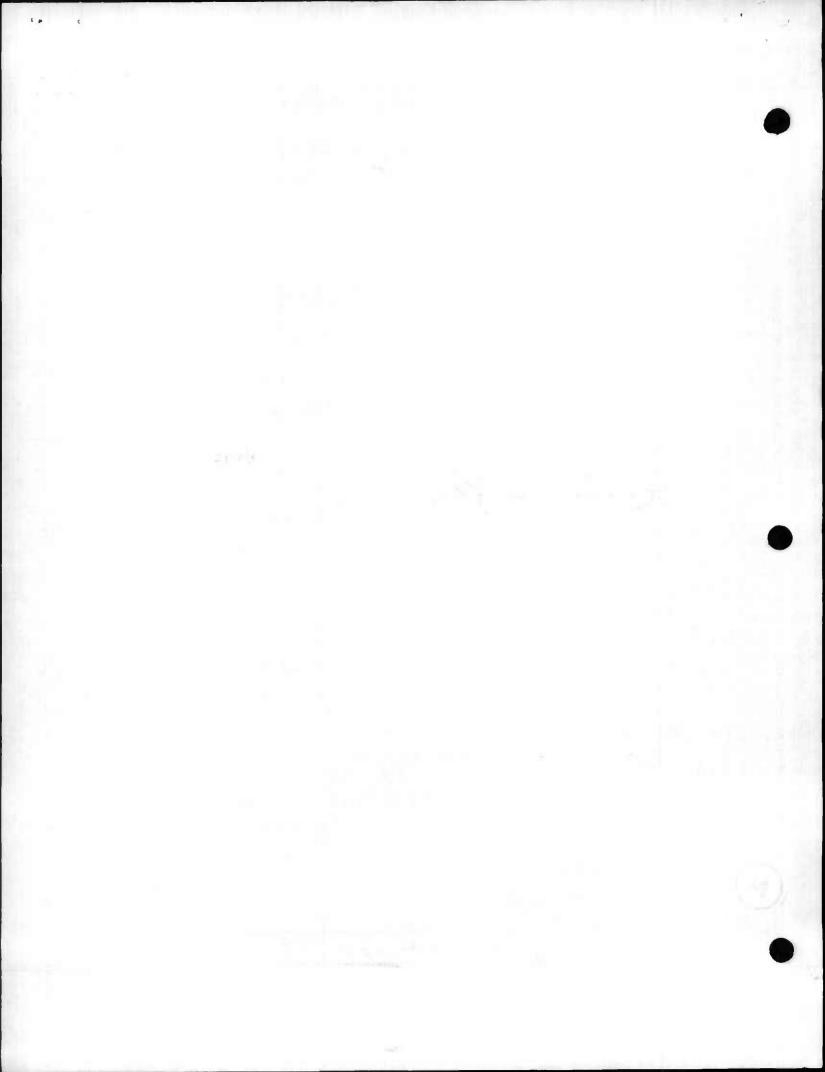
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	PERFORM DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	F FMETAN. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		WINTER HEM 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	SPITE	MERA	Then 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	5
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMENT OF I	HEALTH AND	MENT	AL HYGIEN	16	12 01	0194
	1. DECEDENT'S NAME (First, Middle, Leat)				ORD MATHI		140M		1/4/92	YEAR 22	OF DEATH
	4. SOCIAL SECURITY NUMBER 220-36-5264	5. SEX	6. AGE (In yrs. la:	est birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mor. AP)	E OF BIRTH rith, Day, Year) RIL 28	8.	BIRTHPLACE (S Country) GEORGIA	State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give s	MERCY	HOSPITA	L	9b. CITY, TOWN	OR LOCATION OF I	BALTIMORE 9c. COUNTY OF DEATH				
L DIRECTOR	MARYLAND	Y			ITY, TOWN OR LOCATION LTIMORE					LIM	SIDÉ CITY NITS? ES 2 \(\) NO
FUNERAL	100. STREET AND NUMBER 822 W 40th STREE	T			10					N OF WHAT COU	JNTRY?
ВУ	11, MARITAL STATUS XXX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X NO IF YES, GIVE WAR OR DATES			If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES XX NO Specify:					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	+) (G	ECEDENT'S Give kind of vi b. Do NOT us		ON ost of working	16	SINESS/INDUS			
COM	17. FATHER'S NAME (First, Middle, Last)	3.	LIL	ISTOI	AIN	18, MOTHER'S N	NAME (First,	Middle, Meiden	Surname)	11117.1	LUAL
BE	DAVID R. MATHEWS 19a. INFORMANT'S NAME (Type/Print)		10	as MAILING	3 ADDRESS (Street (HIXON	21.0	212	
5	FREDRIC G. ANTENB	ERG (LAWY	ER)		5 GOVERN						
	20a. METHOD OF DISPOSITION 1		20b. PLACE cometers cu	ANDDATE	OF DISPOSITION (NE REMATORY	ame of	1/7	T9 20c. LO	CATION — City	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC) `	Le		LEROY	M. & RUS WIN KNOI	SSELL	C. WI	TZKE F	FUNERAL	
CERTIFICATION	23. PART i. Enter the diseases, or complications tife caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Bladder Cancer, Metustate. Bladder Cancer, Metustate. But to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Oue to (or as a consequence of):										
AL CER	PART II. Other significant condition	s contributing to	death but not	rasuiting	in the underlyin	a cause given i	n Part I.	24n, WAS AN	AUTOPSY	245 WERE ALL	TOPSY FINDINGS
PHYSICIAN: MEDICA		thar significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □ NO							AVAILABLE COMPLETE DF OEATH	E PRIOR TO TION OF CAUSE	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (C					
HYS	1 VES 2 NO 27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIMI	E OF 28c, INJ		7	er (Specify) SCRIBE HOW IN	NJURY OCCUR	IFD	
ВУР	1 Netural 5 Pending Investigation	(Month, Da			M 1 1	YES 2 NO					
- 11	3 Suicida 8 Could not be 4 Homicide determined	building,	etc. (Specify)		straet, factory, office		City	or Town, State)		Rural Route Numb)er,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	R: On the basis of ex	my knowledge, de	ath occurre	n, in my opinion, d	and place, and du-	e to the care time, detr	use(a) end men a and placa, and	ner as stated.	euse(a) and mani	ner as stated.
TO BE	raa Employee	uddy 1	m			29c. LICENSE NU	JMBER		29d. DATE SI	IGNED (Month, Da	ty, Year)
	Mercy Hosp 3	01.21	aul	Bar	lt mo	2/20/	,			/	
	JAN U / 1992	32. REGISTRAN	Adson-Rang	dell							



CERTIFICATE OF DEATH

92 00195

8. BIRTHPLACE (State or Foreign

PARY

BALTIMORE

U.S

91 YEAR

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

WHITE

Approximeta

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 ☐ YES 2 ☐ NO

-92

intervai Between

Onset and Daath

1 YES 2 NO

525 Am

REG. NO

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HARROLD M.CALLISTER 06 SECURITY NUMBER 6. AGE (In yrs. last birthday) 4. SOCIAL 7. DATE OF BIRTH (Month, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 212 09 2338 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH TOWSON GREATER BALTIMORE MEDICAL CENTER DIRECTO RESIDENCE OF DECEDENT 10a. STATE 10b COUNT 16c. CITY, TOWN OR LOCATION MD BALTIMORE ARAS FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21234 2925 KNOLL ACRES DRIVE be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-MARYLAND 21215-0020 If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) -SUPERV.SOR 3 XK ISADOW ITZ [BAM 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, HARRY notified at BE funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 -AMI AME AS BALTIMORE. e 20e, METHOD OF DISPOSITION

1 Serial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must 4 Donetion 5 Other (Specify) 1215B 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY EVANS WHAPEL O ORiss F EVANS 8800 HARFORD certificate has been signed by the attending physician and completely filled in by the in the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal, or Item 23 shows any injury, or other traumatic event, the medical expendence of the second process. 23. PART i. Entar the diseesea, or complications that caused the death. Do not antar tha mode of dying, such as cerdiac or respiratory errest, shock, or haert failure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** diseese or condition FAILUKE KESPIRATURY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted evanta DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH FINERAL DIRECTOR; After this certain 72 hours after death with it Item 28 is marked, 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Satural 5 Pending ВУ M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide ORTANT: If Item 29a. CERTIFIER 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(a) end menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) MS 02331

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6301

32. REGISTRAR'S SIGNATURE

Silie Brindson

CHARLES

2

ROSENBL

0

1992

31. DATE FILED (Month, Day, Year)

ANDLE IS NOTE AND IN CONTRACT.

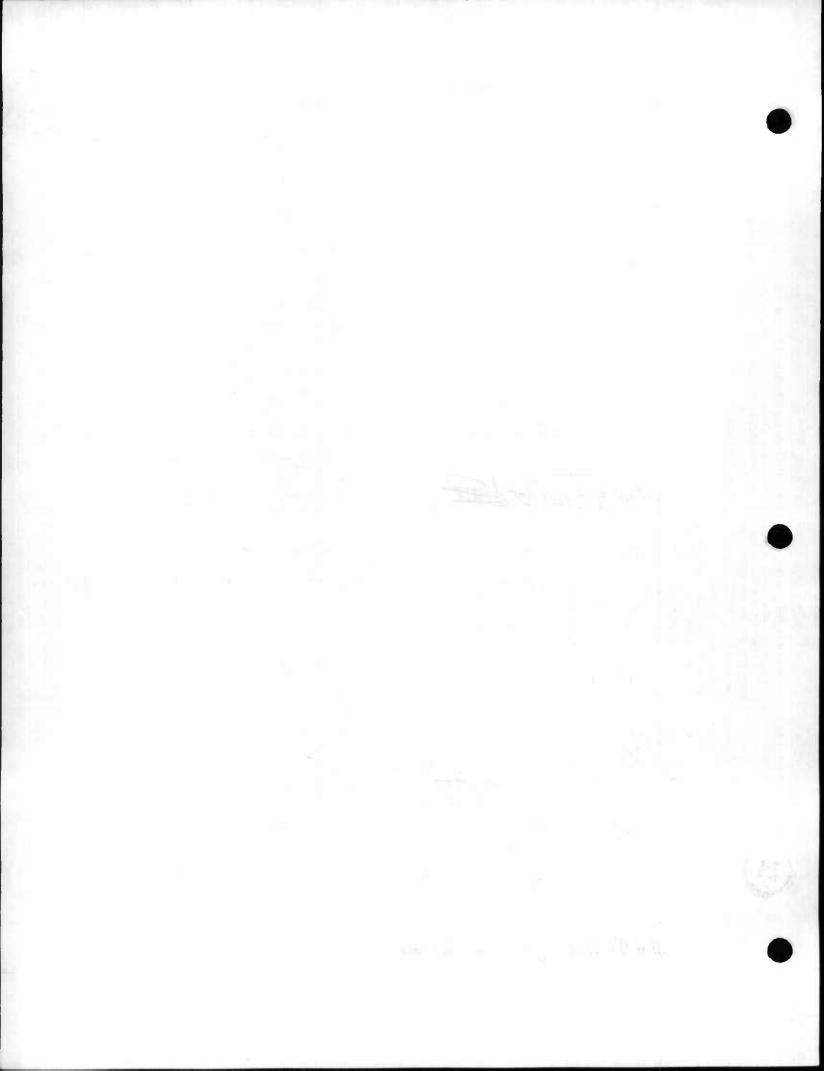
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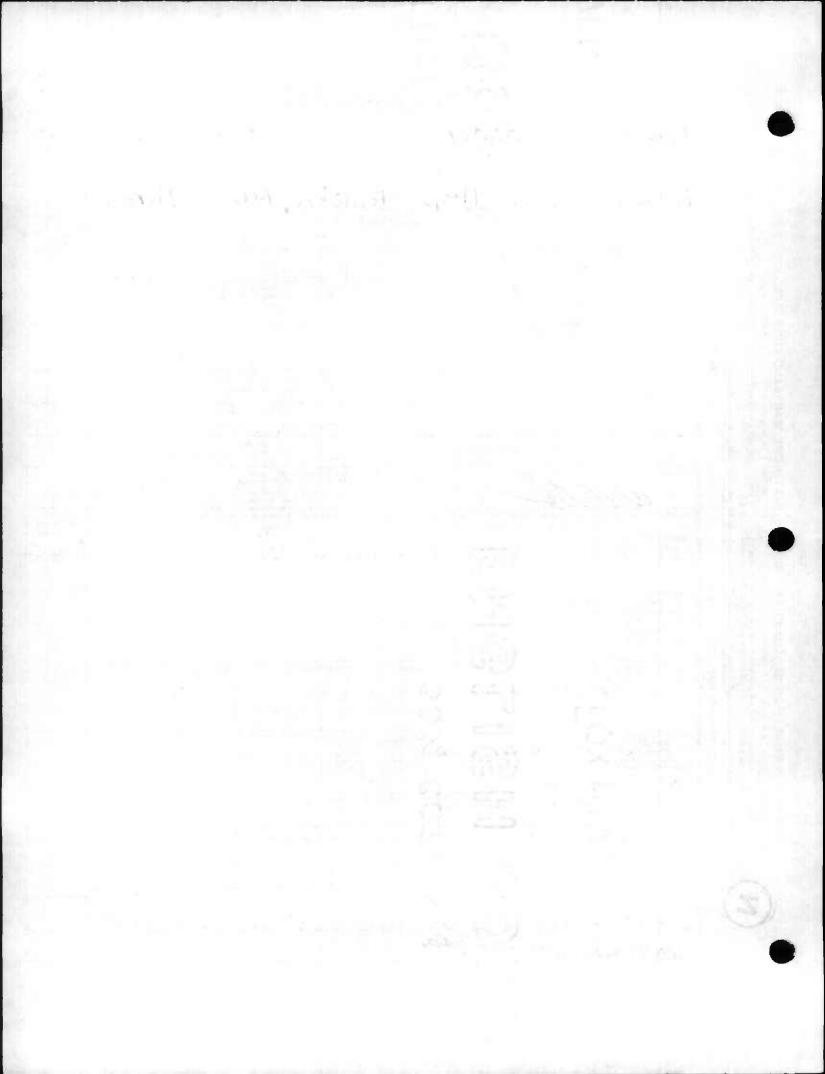
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	ATT	8	aft	28
	THE PILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-	PUNDAL DIRECTOR, After this certificate has been signed by the attending physician and completely fille	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	TANT: If item 28 is marked or item 23 shows any injury or other traumatic event the
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	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR	TMENT	OF H	EALTH	AND ME		HYGIEN	E	1 6	UU	130
- 8	1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE OF	DEATH		- 1	3. TIME OF D	EATH
	MELEWSKI, ED	WARD							MONTH TANTIA	RV 2	1992	YEAR	7:05	Рм
- 39	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER		, DATE OF				LACE (State or	-
	178-01-8341	1 XX M 2 □ F	74	YRS.	MONTHS	THE DAYS HOURS MIN.				(Month, Day, Year) MARCH 17, 1917 PENNS				
	9a. FACILITY NAME (If not institution, give street and number)						R LOCATI	ON OF DEAT	H	_1/,	9c, COUNT			IA
E E	4 JULIET LANE, CONDO 204 BALTIMORE								••					
DIRECTOR	RESIDENCE OF DECEDEN		DAL	LMOR	Œ			BA	LTI	10RE				
HE(OUNTY		10c. CIT	Y, TOWN C	R LOCAT	ION						IOd. INSIDE C	ITY
	MARYLAND	BALTIMORE		BALTIMORE									LIMITS?	Ž NO
AL	10e. STREET AND NUMBER					101.	ZIP CODI	E			10a. CITIZE		IAT COUNTRY	
E	4 JULIET LANE, CONDO 204			21236						U.S.A.				
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED	13. 1	WAS DEC		F HISPANIC	OBIGINS (S	nacity Vac			- American Ir	- Al
F	1 Never Married 2 Married	FORCES? 1) IF YES, GIVE W	YES 2 N	0	1 1	f yes, spe	cify Cuba	n, Mexican, F	Puerto Rice	n, etc.)	OI NO.	Black,	White, etc.	noter,
	3 Wildowed 4 Divorced		WWII			1 1 123	Z ZZ NO	эреспу:				Specify:	WHIT	E.
COMPLETED	15. DECEDENT'S (Specify only highest	EDUCATION	18a. DEC	CEDENT'S	USUAL OC	CUPATIO	N		16b. KII	ND OF BUS	INESS/INDUS	TRY	******	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+	life.	Do NOT us	vork done o e retired.)	during mos	st of workin	g	ATT	гомов	TTE			
4	NA	NA		TO W	ORKE	R					TURER			
ō	17. FATHER'S NAME (First, Middle, Las	st)					18. MOTH	ER'S NAME	(First, Midd	lle. Maiden	Sumama)			
BE C	ALEX MELEWSKI							ELLA						
	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	(Street ar					, State, Zip Co	orfal		
2	ANNE MELEWSKI	(WIFE)											212	0.0
	20a METHOD OF DISPOSITION 12 Aburtal 2 Cramation 3		20b. PLACEA								ATION - CR			36
	1/L∆Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State	GARDE	natory or of	her place!			1						
	21. SIGNATURE OF FUNERAL SERVE	CE LICENSEE 1	OTHOL	145 0						BAL	TIMOR	E M	ARYLA	ND
	22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR ROAD, BALTIMORE, MD 21236													
		MULOCE	71.		9	705	BELA	IR RO.	AD, I	BALTI	MORE,	MD	21236	5
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate													
	IMMEDIATE CAUSE (Final									nd Daath				
- 1	disease or condition resulting in death)	a Ca	100	-/	25/	120	130	5	an	es]	-			
		DUE TO (OR AS A CONSEO	UENCE OF):		/	42						
NO.	Sequentially tlat conditions,	1 h / /e7	C 57 a /	7	10	200	1.00	ce	Ca	10	cham	9	6	ears
A	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEO	UENCE OF):									
IC	CAUSE (Disease or injury	C	OR AS A CONSEO	UPWOF OF										
E	that initiated events resulting in death) LAST	002 10 (ON AS A CONSEC	UENCE OF):								1	
CERTIFICATION		d											-	
CAL	PART II. Other significant cond	fitiona contributing to	seath but not ra	aulting i	n the un	derlying	cause o	iven in Par	rt I. 24	. WAS AN	WTOPSY	24h W	ERE AUTOPSY	FINDINGS
	Sever	e anen	つらっと							PERFORI	MED?	A	WAILABLE PRIC	OR TO
									- 1	YES 2	₩0		F DEATH?	GROOL
≥									-			1	YES 2	NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDIC	AL				00.01								
S	EXAMINER?	HOSPITAL:			OTHER		\ /	ATH (Check						
¥	27. MANNER OF DEATH	1 □ Inpetient 2 □			4 Nurs	_								
	1 Natural 5 Pending	(Month, Day	You	28b. TIME		28c. INJU WOF	IK?		d. DESCAII	BE HOW IN	JURY OCCUP	RED		i i
BY	2 Accident Investige		IN CURV		177	1 YES 2 NO								
COMPLETED	3 Suicide 8 Could no 4 Homicide determine	Dunging, a	INJURY — At horr tc. (Specify)	ie, ierm, a	ireet, facto	ry, offica		28	City or To	N (Street ar wn, State)	nd Number or	Aural Rou	te Number,	
<u> </u>	29e. CERTIFIER						-							
를	(Check only	PHYSICIAN: To the best of n	ry knowledge, dea	th occurre	d at the tir	ne, data s	nd place,	and due to t	the cause(s) and mane	ner as atated.			
Ö	2 MEDICAL EXA	MINER: On the beals of exa	mination and/or in	vestigation	, In my op	de de	ath occurs	d at the time	e, deta and	place, and	due to the c	euse(a) a	nd menner se	stated.
BE	296. SIGNATURE AND TITLE OF CER	TIFIER //	. //	/			29c. LICE	NSE NUMBE	R		29d, DATE S	IGNED (M	lonth, Day, Yea	(1)
	1 / on	()	gell	-	-	7	02	283	148		D 1/	3/	92	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)									
	DR. MARC SIEG	ELBAUM. 750	OSLER	DR	SIIT	TF 5	0.0	TOLICO	137 34	010	004			- 1
	DR. MARC SIEG. 31. DATE FILED (Month, Day, Year) JAN 0 1993	ELBAUM, 750.	OSLER S SIGNATURE		SUI	TE 5	08,	TOWSO	ON, M	D 212	204			



TO BE COMPLETED	E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED
al examiner must be notified at once.	HTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as oval.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as at within the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
fter death. Page 6 may be retained by the hospital or attend	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend

	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTM CERTIFIC			MENTAL HYGI		2 00197		
1	1. DECEDENT'S NAME (First Migh	clin Last)						3. TIME OF DEATH		
- 11	ROBERT B.	MADDOX				JANUARY	3. 199	3:15 P M		
	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UND			7. DATE OF BIRTH (Month, Day, Year	8	BIRTHPLACE (State or Foreign Country)		
N	216-20-1183	1XXM 2 □ F	ITHS DAYS	HOURS MIN.	OCT. 25	MARYLAND				
œ	9a. FACILITY NAME (If not institut		9b	-	P LOCATION OF IT	4	9c. COUNTY	OF DEATH		
DIRECTOR	FALLSTON GE	NERAL HOSPITAL	25.45	FALLS	TON		HARF(ORD :		
<u>يو</u>		2. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY		
0	MARYLAND	HARFORD	FC	REST H	ILL			1 TES 2 NO		
₹ F	100. STREET AND NUMBER			101	ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?		
FUNERAL		IDGE ROAD			21050			S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	JE YES, GIVE WAR OR I	2 X NO	If yes, sp		ilC ORIGIN? (Specify n, Puerto Rican, etc. //		RACE — American Indian, Black, Whita, atc. Specify: WHITE		
COMPLETED	15. DECEDER (Specify only high	NT'S EDUCATION hest grade completed)	18a. DECEDENT'S USL (Give kind of work	done during mo		16b. KIND OF	BUSINESS/INDUS	TRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)	SERVICE I		TAN	ΔΔ	PLIANCE	00		
M	NA 17. FATHER'S NAME (First, Middle	NA NA	SERVICE I	ECHNIC				CO.		
	BENJAMIN MA					ME (First, Middle, Mail S YOUNG	oen Sumame)			
BE	19a. INFORMANT'S NAME (Type/F		19b. MAILING AD	DRESS (Street a		Route Number, City or	Town, State, Zip Co	de)		
5	RUTH MADDOX	(WIFE)				FOREST				
	20a, METHOD OF DISPOSITION		0b. PLACE AND DATE OF f cemetary, crematory or o	DISPOSITION			LOCATION — City			
	4 Donation 5 Other (Spe	ocity) (DAK LAWN CE	METERY			ALTIMORI	E, MARYLAND		
	21. SIGNATURE OF FUNERAL SE	ERVICE LICENSEE		SCHIM	ID ADDRESS OF FA UNEK FUN BELAIR R	ERAL HOM OAD, BAL	ES, INC.	MD 21236		
CERTIFICATION		b						Approximate Interval Between Onset and Death		
	PART II OIL	d.								
PHYSICIAN: MEDICAL		dismayinat	01	he underlyin	g ceuse given in	PEF	S AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MI EXAMINER?	HOSPITAL:	1~		ACE OF DEATH (Ch	eck only one)		•		
YSI	1 TES 2 NO	1 Inhpetient 2 ER/Ou	tpatient 3 DOA 4			8 Other (Specify)				
ву Рн	27. MANNER OF DEATH 17. Netural 5 Pen 2 Accident Inve	stigation	INJUR	M 1 🗆	PRK? YES 2 NO	28d, DESCRIBE HO				
	3 Suicide 8 Cou 4 Homicide dete	old not be building, stc. (Sp. pr. pr. pr. pr. pr. pr. pr. pr. pr. p	RY — At home, farm, stre- lectly)	rt, factory, offic	•	281. LOCATION (St. City or Town, S		Rural Route Number,		
COMPLETED	one) 2 MEDICAL	ING PHYSICIAN: To the best of my kno EXAMINER: On the basis of examinat								
TO BE	29b, SIGNATURE AND THE GO	MM MD	10		D340	MBER 05-Z	29d. DATE 5	IGNED (Month, Day, Year)		
F	Scott 5		620 BO	m) 4/401	, st	Bel A	11 2	1014		
	JAN 07 1992	32. BEGISTRAR'S EN	NATURE 2nde 12							



3. TIME OF DEATH

Approximate Interval Between **Onset and Death** 5 MIN

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO

4:00 P
 BIRTHPLACE (State or Foreign Country)

YEAR

992

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CHRISTOPHER MCLAUGHLIN

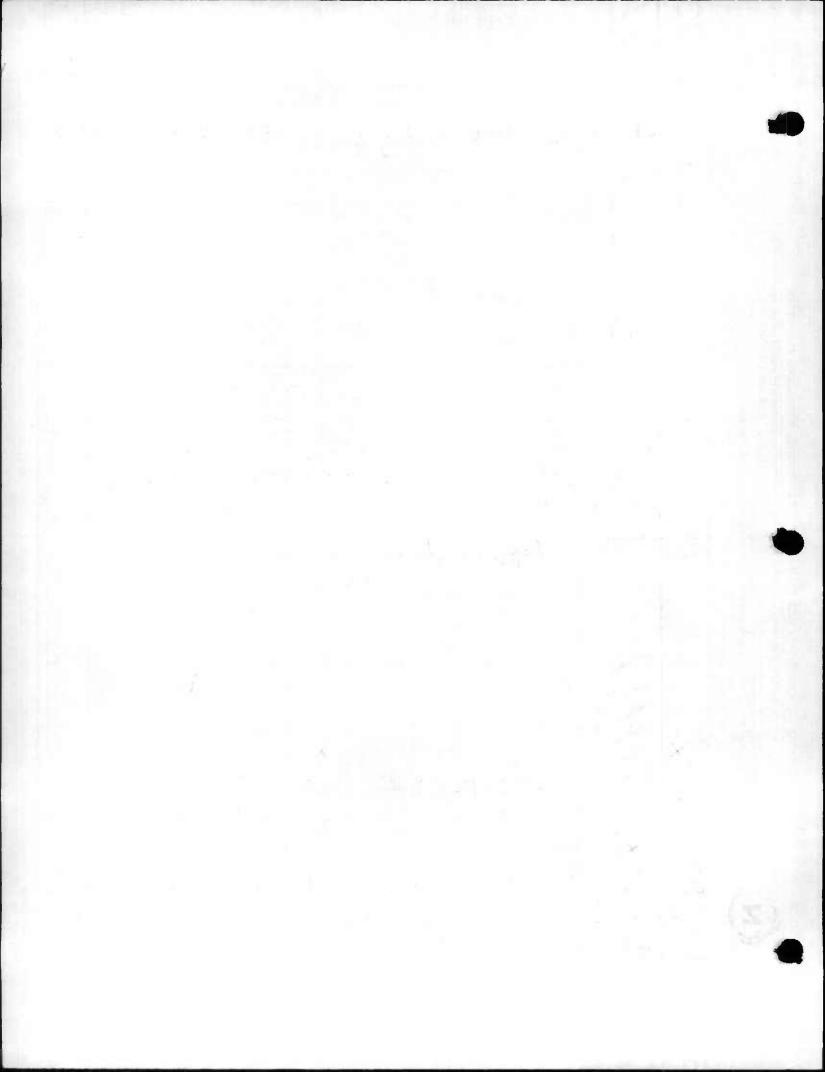
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100	requires
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¥	The
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin
VISION	ATTENDING
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	A

	214-96-17	/ ₁ Q	5. SEX 1X M 2 F	6. AGE (In yrs. In 22	yrs.	IF UNDER 1 YE	AYS HOURS MIN.	(Mont	OF BIRTH		BIRTHPLACE (State or Foreig Country)
	9a. FACILITY NAME (If not			22	1110.	9b. CITY, TO	WN OR LOCATION OF	_	R. 23,1		MARYLAND Y OF DEATH
OR	25 MELKEN	COURT	M. Co.				ALTIMORE				TIMORE
DIRECTOR	PRESIDENCE OF DE 100. STATE MARYLAND	10b. COUN	ALTIMORE			, TOWN OR L					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL D	100. STREET AND NUMBER 25 MELI	R				DADIT	101. ZIP CODE 2123	6			N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Nover Merried 2 3 Widowed 4 Div		12. WAS DECEDENT FORCES? 1 S IF YES, GIVE WA	YES 2	RMED NO	If ye	DECENDENT OF HIS is, specify Cuben, Man YES 2 NO Spe	ican, Puerto		or No 14	I. RACE — American Indian, Black, White, atc. Specify: WHITE
		CEDENT'S ED		(4	Give kind of w	USUAL OCCU	PATION ng most of working	160	. KIND OF BUS	INESS/INDUS	STRY
COMPLETED	Elementary/Secondary NA	(0-12)	College (1-4 or 5+) NA	. H	ALESM	e retired.)			VACUUM	1 CLEA	NERS
ш	JAMES F.		GHLIN						Middle, Maiden : DBERLIE		
0 8	19a. INFORMANT'S NAME						treet and Number or Ru				
-			HLIN (FATH								LE, MD 2108
	20s. METHOD OF DISPOSI 1 Derial 2 X Cremat 4 Denation 5 Other	tion 3 - Re er (Specify)		other s	place)		of cemetery, cremetory Y, INC.	01			y or Town, State MARYLAND
	21. SIGNATURE OF FUNE	LZ	JOENBER /	1		SCI	ME AND ADDRESS OF HIMUNEK F D5 BELATR	UNERAI			MD 21236
z	resulting in desth)		1300	OR AS CORS	COLUENZE OF	UI GING	11116				N WILL
RTIFICATIO	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING Jury	с.	OR AS A CONSI	10		0				
EDICAL CERTIFICATION	If any, lesding to Imm cause. Enter UNDERL CAUSE (Disesse or in that initiated events	ediate YING cont condition	c	OR AS A CONS	EOUENCE OF	F): In the unde	riying cause given	In Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CAI DF DEATH?
MEDICAL	If any, leading to Imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in desth) LA PART II. Other significations of the cause of the c	ediate YING IJury	d	OR AS A CONS	EOUENCE OF	r): In the unde			PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CA
MEDICAL	If any, leading to Imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in desth) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 \(\subseteq NO	ediate YING IJury	c	OR AS A CONS	EOUENCE OF	r): In the unde	26. PLACE OF DEATH		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAI DF DEATH?
PHYSICIAN: MEDICAL	If any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in desth) LA PART II. Other significations of the cause of the	ediate YING IJury	DUE TO (c) d. Dons contributing to compare the contributing to compare the contributing to compare the contributing to compare the contribution of contributing to contributing to contributing the contribution of contributing the contribution of contrib	OR AS A CONSIDER OF THE PROPERTY OF THE PROPER	resulting	OTHER: 4 Numing	26. PLACE OF DEATH	(Check only c	PERFOR	MED?	AMALABLE PRIOR TO COMPLETION OF CAIDF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in desth) LA PART II. Other significations of the cause of the	ediate YING Jury AST Cent condition TO MEDICAL Pending	DUE TO (d	Geeth but not ER/Outpatient INJURY y, Year)	resulting	OTHER: 4 Nursing	26. PLACE OF DEATH 2 Home 6 Residen 10. SNJURY AT WORKY 1 YES 2 NO	(Check only c	PERFOR	NO NO	AMALABLE PRIOR TO COMPLETION OF CAIDF DEATH?
PHYSICIAN: MEDICAL	If any, leading to Imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events resulting in desth) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suickle 6 4 Homickle 29s. CERTIFIER (Check only 1 CE	Pending trivestigation Could not be determined	DUE TO (d	DOR AS A CONSIDERATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	resulting	OTHER: 4 Nursing	26. PLACE OF DEATH 3 Home 6 Resident c. SHJURY NO NOT 1 YES 2 NO , office	(Check only of Cee 6 Oth 28d. DE	PERFOR	NJURY OCCU	AMALABLE PRIOR TO COMPLETION OF CAIDF DEATH? 1 YES 2 NO

32 phegistral s signature

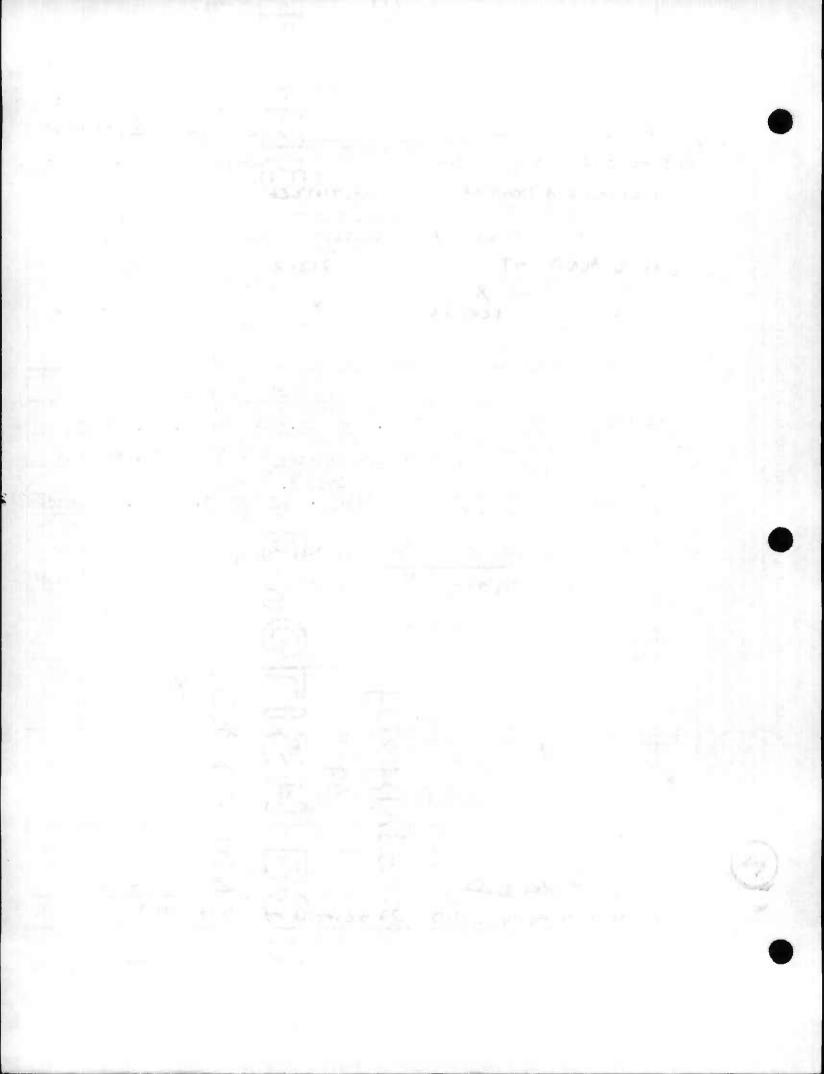
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

2. DATE OF DEATH MONTH
JANUARY



F VIT	AN: Th	ifficate	State	TITLE
N OF	PHYSICIAN	this cert	MILL IN	and, o
VISION	NDING	R. Affar	r deam	is ma
SIVIS	OR ATTE	DIRECTO	Ours am	82 WW
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	1	E.		-Section
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the significant conditions are	DUE TO (C) d. tions contributing to d ACSPITAL: Sinpetient 2 1 28e. DATE OF III (Month, Day) 28e. PLACE OF building, et	ER/Outpatient 3 DOA NJURY 1 Year) 28b. TIME INJURY INJURY — At home, farm, s	OTHER: 4 □ Nursing E OF	S. PLACE OF DEATH (C Home 5 - Residence INJURY AT WORK? - YES 2 - NO office	28d. DES	24a. WAS AN PERFOR 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2	NJURY OCCUR	24b. WERE AU AMAILABL COMPLET OF DEATH 1 YES	TOPSY FIND E PRIOR TO ION OF CAU 17 B 2 \(\sum \) NO
PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	tions contributing to d	esth but not resulting in	OTHER: 4 Nursing E OF URY M 1	5. PLACE OF DEATH (C	Check only or	24a. WAS AN PERFOR	AUTOPSY MED? NO	24b. WERE AU AWALABL COMPLET OF DEATH 1 YES	TOPSY FIND E PRIOR TO ION OF CAL 17 3 2 \(\text{NO}\)
YSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condi	d. DUE TO (C) d. tions contributing to d	esth but not resulting in	other:	S. PLACE OF DEATH (C	Check only or	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AU AMAILABL COMPLET OF DEATH 1 YES	TOPSY FINE E PRIOR TO ION OF CAL
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IL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUENCE OF):	ying cause given in	n Part I.	24s. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUT AWAILABLI COMPLET	TOPSY FIND E PRIOR TO 10N OF CAL
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	if any, leading to immediate cause. Enter UNDERLYING	c				7		re mor	1th	(nio
		b. 7209	しつ	106	osis)		Ω^{γ}	10 2002		lnin
	disease or condition resulting in death)	Aden Due to co	enocarcino ocarcino oras and) ÷		UUG		one j		lyr
	23. PART I. Enter the diseases, of shock, or heart failure immediate CAUSE (Finel	re. List only one cause	on each lina.				nac or respi		Ons	proximata arval Betw set and D
7	Calin &	2. Dorna	190 × n	141	lvin B. 2 E. Pre	eston	st.	Balto	. Marv	land
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		Loudon 1	22. NAMI	AND ADDRESS OF F	ACILITY			Maryl	
Ĭ	Patricia Mc. 20e. METHOD OF DISPOSITION NO Surlei 2 Cremetion 3 CR		20b. PLACE AND DATE	OF DISPOSIT		DATI	20c. LO	CATION - City	or Town, State	1
O BE	Jolly McNei				et and Number or Rural	Route Numb		, State, Zip Cod		-
COMPL	17. FATHER'S NAME (First, Middle, Last)	one year	Tailo:	r	16. MOTHER'S N	,		Sumame)		-
LETED	15. DECEDENT'S E (Specify only highest gr		ilfa. Do NOT use	ork done during retired.)	ATION most of working	16b.		INESS/INDUST	RY	
ВУ F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	REAN	10	specify Cuben, Mexic YES 2 NO Speci	lty:			Specify: BC	ACK
UNERAL	1638 N 100N	12. WAS DECEDENTS	EVER IN U.S. ARMED		21213 DECENDENT OF HISPA			or No.— 14.	SA RACE - Americ	an Indian,
AL DIRE	10a. STREET AND NUMBER	2 15	- (4.)	Balt	imore Ci	Lty		10g. CITIZEN	7./	2 🗌 NO
RECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COU			TOWN OR LO	CATION				10d, INSII	DE CITY
E E	So. FACILITY NAME (If not institution, give Loch Raven V	e street and number) A. Hospit	al		N OR LOCATION OF D	EATH		9c. COUNTY BALT		
	068 30 1842	5. SEX 1 M 2 F		IF UNDER 1 YEA MONTHS DAY		7. DATE (Month	Pay, Year)	7/ 0	orth (ate or Foreign
		CNEIL	ohn (John:	ny) M	cNeil	MONTH	OF DEATH	1/5/9	3. TIME O	15 F



TOWN TATES OF THE THE THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the companient of the state of the stat PINALOR NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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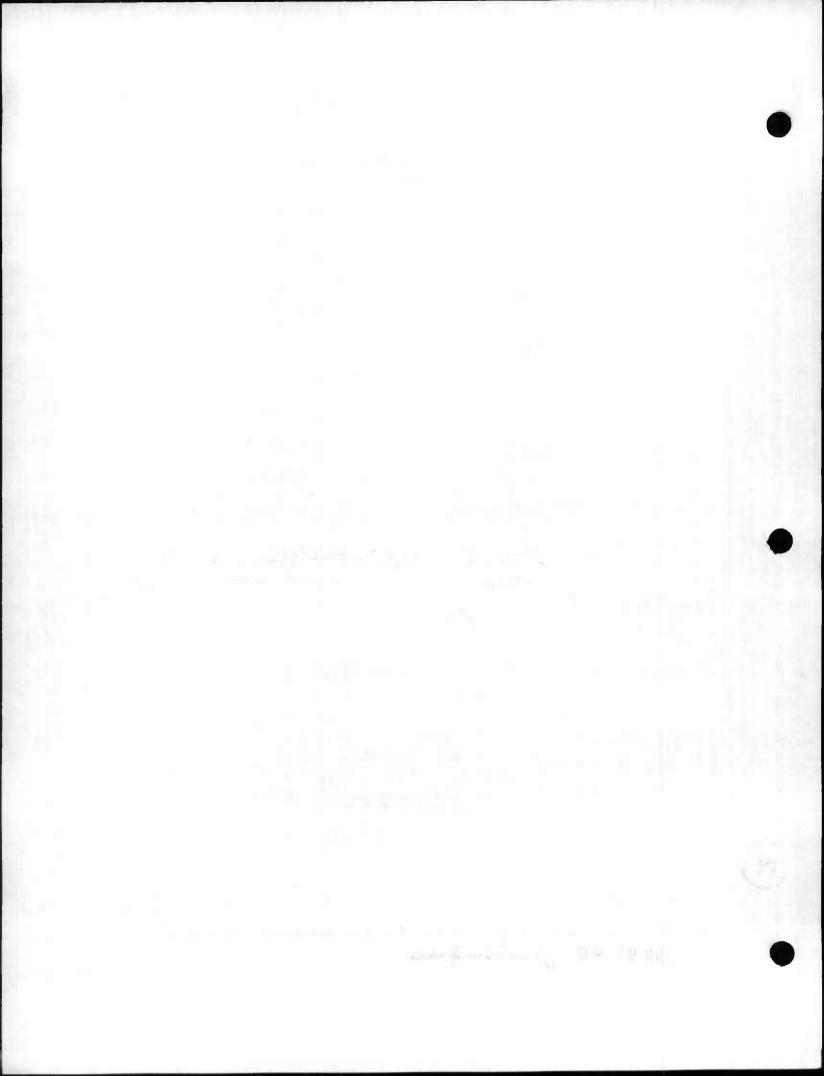
Luis Rivera, M 31. DATE FILED (Month, Day, Ybar) JAN 07 1992

P.A., 5714 Harfo ,32 REGISTRAR'S SIGNATURE www. Javidson-Rondells

5714 Harford Road,

Baltimore

	FOR	CTATE OF	MADVI AND	/ DED4		- 0- 1						36	002	UU
	1 - STATE REGISTRAR	SIMIE UF	MARYLAND	ERTIF	ICAT	E OF	DEAT	AND TH	MENTA	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF DEATH	AY	YEAR	3. TIME OF DE	ATH
	Viola C. Mull								1		3		10:10	P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or	Foreign
	219-30-2073	1 M 2 XF		96 yrs.	MONTHS	JAN 18	HOUNS	serve.		-13-189	5	Court	Md.	
-	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF D				JNTY OF D		
DIRECTOR	Good Samaritan H	osp.				Ba1	to.							
JE(10e. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE CI	ГҮ
2	Md.				Ba1	to							LIMITS?	T NO
AL	10e. STREET AND NUMBER				Dar		ZIP CODE				10g, CIT	IZEN OF V	WHAT COUNTRY?	
FUNERAL	6116 Belair Rd.						214	206						
N	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S.	ARMED	13.	WAS DEC			AIC OBIGI	N? (Specify Yes	ar No		USA	
8	1 Never Married 2 Married 3 N Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2				If yes, spi	2XXNO	n, Maxica	n, Puerto	Rican, etc.)	or No-	Blac	E — American Inc k, White, atc. #y: White	alen,
ETED	15. DECEDENT'S EDU	CATION	16a, E	DECEDENT'S	USUAL C	CCUPATIO	N		166	b. KIND OF BU	SINESS/IN	DUSTRY		
Fi	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of the Do NOT us	work done se retired.)	during mo.	st of workin	g						
교	6			ome Ma	lear									
COMPL	17. FATHER'S NAME (First, Middle, Last)		- 110	ome Vi	TV61		18, MOTH	ER'S NA	ME (First	Middle, Maiden	Sumpme			
B	Henry Hecker										Surname)			
00	19e. INFORMANT'S NAME (Type/Print)			ISE MANING	AODRES	S /Street e			Wahl	ber, City or Tow	- 04-4- 70			
2	Madeline C. Somme	. 20												
	20m. METHOD OF DISPOSITION	: [005 PL 101	EAND DATE				Bal		Md. 2				
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	cemetery, c	rematory or o	ther place				OAT			City or To	111 - 111	
	21. SIGNATURE OF FUNERAL SERVICE LIC	FNSES	_ More	erand			D ADDRES			B	<u>alto</u>	., Mo	d	
	► Ka TII	7 2	/			John	C. M	iill	er I					
	22 BATT I Edwards discourse	III Inu	John			6415	Bela	ir 1	Rd.	Balto.	, Md	. 212	206	
. 1	23. PART I. Enter the diseases, or cehock, or heert fellure.	complications the List only one cau	se on sach lin	ieath. Do r ne.	not enter	tha mo	de of dyl	ng, auc	h as can	diec or reepi	ratory er	rest,	Approxim	
	IMMEDIATE CAUSE (Final disease or condition	100			10	-1	20	. 1		/			Onset er	
	resulting in death)	1401	16	M	XOC	-04%	-41	172	-	1NF	112	CF		
		DUE TO	(OR AS A CONS	EQUENCE OF	F):	1	0	2			_	-		
Z	Sequentially list conditions,	CH	W/1			A	KK	6	21		00	16		
CERTIFICATION	If any, laading to immediate	DUE TO	(OR AS A CONS	EOUENCE O	F):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	10	1											
#	that initiated evente	DUE TO	(OR AS A CONSI	EOUENCE OF	7:									
EH	resulting in deeth) LAST	d												
T. 1	PART II. Other algnificant condition	e contribution to	donth but not	as as dela a d	- 45	4 -1-1								
MEDICAL	orialion	e contributing to	death but not	resulting i	n the u	nderiying	ceuse g	iven in	Part I.	24a. WAS AN PERFOR		24b.	AVAILABLE PRIOR	
ă									_	1 - YES 2	□ NO		OF DEATH?	CAUSE
Σ									_ 1				1 YES 2	NO
Ż														
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ock only or	ne)				
Š	1 TES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA	4 Nur		5 Res	Idence	6 Othe	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF		29b. TIM	E OF	28c. INJU	MY AT	. 1		SCRIBE HOW IF	JURY OC	CURED		
BY	1 Netural 5 Pending	(Month, 1)	ny, mary	1 00	M.	1 V	ES 2	NO			11.01	1755		
	2 Accident Investigation 3 Suicide 8 Could not be	20s. PLACE O	F INJURY — At h	ome, farm, a	freet, fact			-	281, LOC	ATION (Street a	nd Number	or Rural D	huta Number	
COMPLETED	4 Homicide determined	building.	etc. (Specify)						City	or Town, State)		or vigings (1)		
E	28s, CERTIFIER				_	_		_						
M M	(Check only CERTIFYING PRYSH	MAN: To the best of	my knowledga, d	leath occurre	d at the t	ime, data	and place,	end dua	to the cau	use(s) and man	ner se atal	ted.		
8	2 MEDICAL EXAMINE	ti Un the basis of e	xamination end/or	Investigation	n, In my o	pinion, de	ath occure	d at the	time, data	end place, and	d due 10 th	10 COUSO(S	end menner as	etated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED.	Skeph, Day, Year)	
	1 / Cul	e					DO	53	XOX	9	1	115	192	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH /IT	FM 27) /7/me	Print)				1 /			/		



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/ filled in by the fi medicai

cremation, or

inding physician and completely Hygiene prior to burial, crematil

this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiene prior to

the

item 23 shows any injury, or other traumatic event,

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marked,

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MPORTANT: II

31. DATE FILED (Month, Day

1992

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THE FUNERAL DIRECTOR: After the legal of the

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DIVISION	DITAL DO ATTENDING DIVERTIAN The law consistent the death consistents he mounted within DA
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO Nicola Massa 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH Massa 715 100/0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yee IF UNDER 24 HRS. 6. BIRTNPLACE (State or Foreign 28 418 1 1 M 2 | F DAYS HOURS YRS 12 106 Italy 9e. FACILITY NAME (If not institut 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Mercy medicas DIRECTOR enter Battomor Bultimore Cote RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? mC 1timore 1 YES 2 ZIN FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 700 perior 12 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. ORCES? 1 YES 2
YES, GIVE WAR OR DATES 1 Never Merried 2 Merries BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY ecify only highest grade of (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) 05 Tailor 6 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) BE 19a. INFOSMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Stree 2 us 21234 20a. NETHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 3 🗆 R 4 Donation 5 Other (Specify) 22. NAME AND 23. PART i. Enter the diseas complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate 2/2 shock, or heert fallere. Liet only one cause on each line. interval Between Onset end Death IMMEDIATE CAUSE (Finel disease or condition recuiting in death) ato hou DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS that initieted evente resulting In death) LAST 0 PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PERFORMED? 1 YES 2 NO OF DEATH? blec 1 FYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 1 inpetient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Nome 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Qav Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY - At home, ferm, atreet, fectory, office 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Yown, State) COMPLETED 6 Could not be 4 Nomicide 29e. CERTIFIER

(Chack ank)

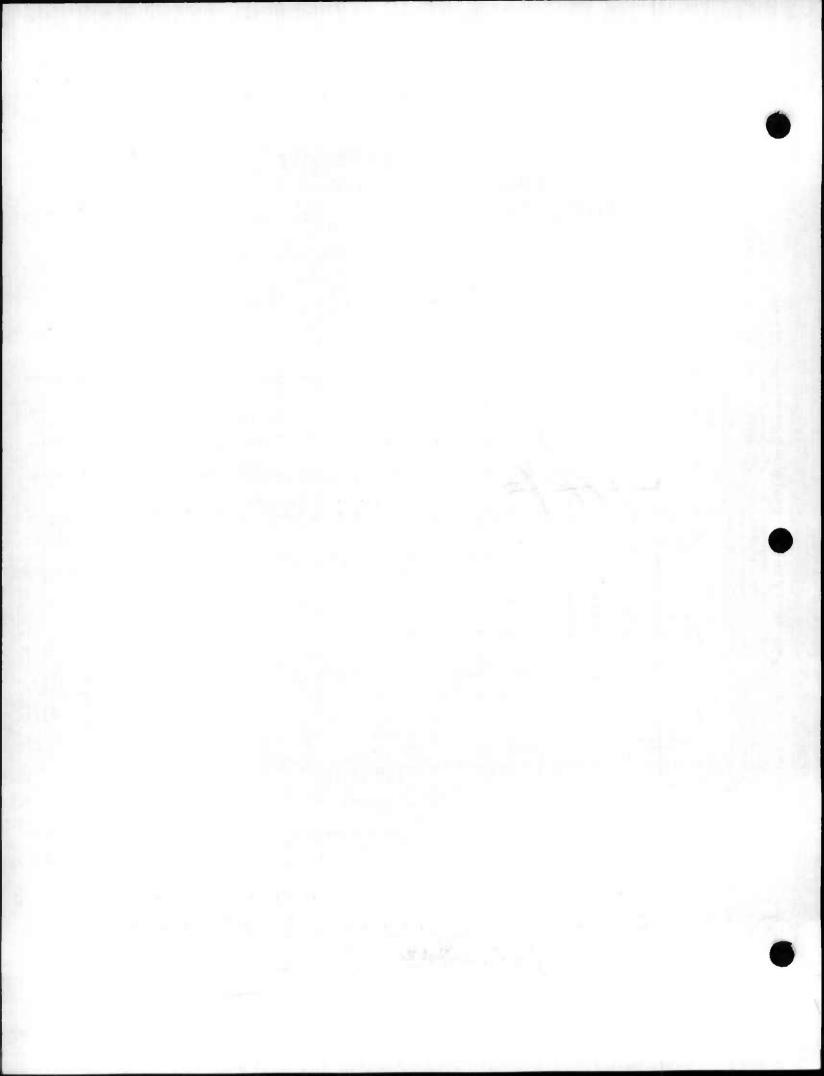
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end plecs, end due to the cause(e) end menner es stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITUE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SJGNED (Month, Day, 725 m 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 54. 30 MD 21202

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and the theretake you the about

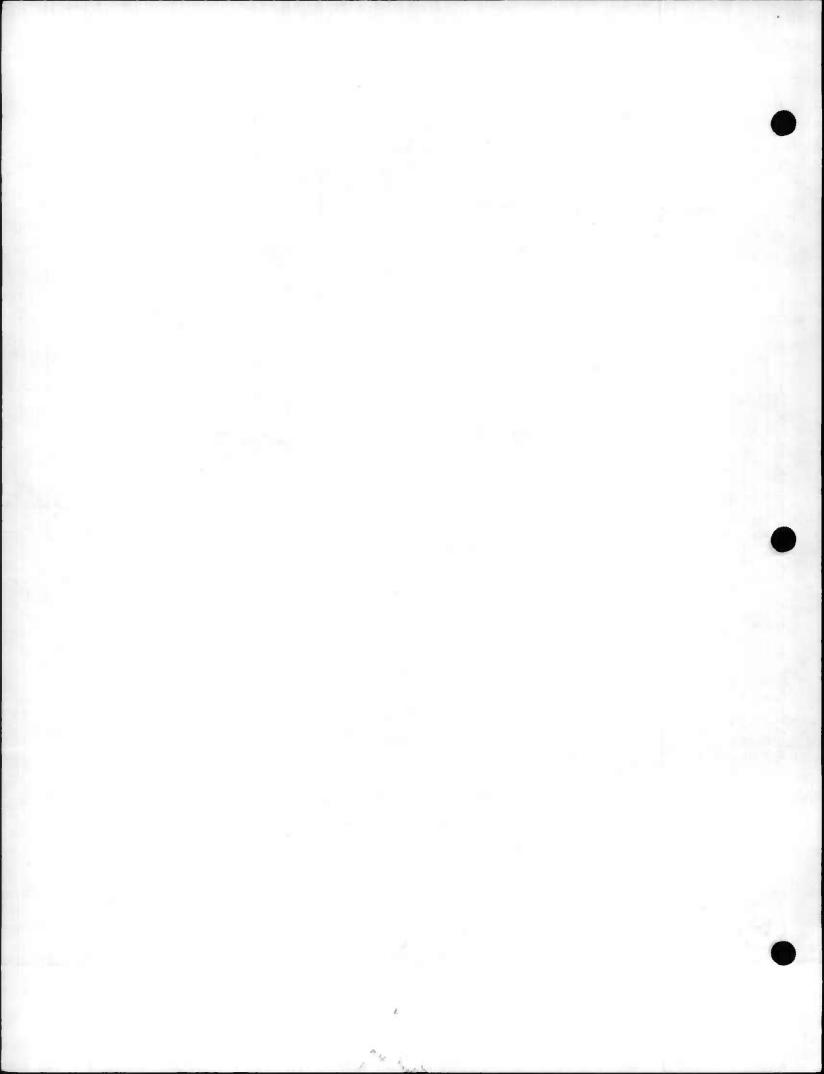
DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF HE	ALTH AND ME	NTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Las	Frank L. MI	LLER (M1	ynski)	2.	DATE OF DEATH	AY Y	3. TIME OF DEATH 5:15 a N
	4. SOCIAL SECURITY NUMBER 212-03-0193 90. FACILITY NAME (If not institution, give	1 M 2 □ F	80 YRS.	ONTHS DAYS H	OURS MIN.	DATE OF BIRTH (Month, Day, Year)) - 4 - 11		BIRTHPLACE (State or Foreign Country) laryland
TOR	Franklin Square			Ib. CITY, TOWN OR I	LOCATION OF DEATH		9c. COUNTY	of DEATH Ba t timore
DIRECTOR	Maryland 106. COU	ITY		TOWN OR LOCATION	1			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 5499 Moores Run	Drive		101, ZI	21206		U.S.A	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 V NO	If yea, specif	13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Y If yea, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 VES 2 NO Specify:			RACE — American Indian, Black, White, atc. Specify:
COMPLETED	1S. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	IIIe. Do NOI use I	k done durina most a	f working	16b. KIND OF BUS	SINESS/INDUST	<u>hite</u>
	17. FATHER'S NAME (First, Middle, Last)	Mluncki	Manager	10	MOTHER'S NAME (Tailor First, Middle, Maiden	Surneme)	den eu ma \
TO BE	JOHN 190. INFORMANT'S NAME (Type/Print)	Mlynski			Mary Number or Rural Route	Number, City or Town	,	known)
	Mrs. Jean W. Mil 20e. METHOD OF DISPOSITION 15 Burlet 2 Cremetion 3 Re	moved from State 20	b. PLACE AND DATE OF	as #10a pisposition(Neme	of			or Town, State
	21. SIGNATURE OF FUNESAL SEMICE	ist III	ak Lawn		1/7/9 ADDRESS OF FACILITY d J. Ruck arford Ro	Υ		. Maryland
	23. PART i. Enter the disease of shock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	IT i. Effer the disease/or complications that caused the deeth. Do not enter the mode of dying, such as cardied shock, or heart failure. List only one cause on each line. ATE CAUSE (Fine) Or condition Congestive Heart Failure					ratory errest	Approximate intervel Between Onset and Deeth
NOI	Sequentially liet conditione, if any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated evente reculting in death) LAST	c DUE TO (OR AS A CONSEQUENCE OF):						
MEDICAL	PART II. Other algnificant condition	ons contributing to death (out not resulting in	the underlying co	ouse given in Pert	i. 24s. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? X 1 VES 2 NO	HOSPITAL:	patient 3 🗆 DOA 4	THER:	OF DEATH (Check or			
ВУ РН	27. MANNER OF DEATH 1 Natural S Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	285. TIME C	28c. INJURY WORK?	AT 28d	. DESCRIBE HOW IN	JURY OCCURE	50
	3 Suicide e Could not be determined 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the basis of examination	ledge, death occurred a	n my opinion, death	plece, end due to the	e cause(e) end men date end place, end	ner ee atated.	use(e) end menner ee stated.
H	296. SIGNATURE AND TITLE OF CERTIFI	ER	10.	29	D18647			NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	OW/LA	nD. B.		D. 212	77
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				1		



FOR

1 - STATE REGISTRAR	STATE OF MAI		MENT OF HEALTH AN	REG. N	О.	_
1. DECEDENT'S NAME (First, Middle, Las	RC	SEMARIE NAH	RGANG	2. DATE OF DEATH JANUARY 6	DAY 1992	3. TIME OF DEATH J 26 A M
4. SOCIAL SECURITY NUMBER 036-38-4302			UNDER 1 YEAR IF UNDER 24 H NTHS DAYS HOURS MI	(Month, Day, Year) APRIL 9,	1954 N	BIRTHPLACE (State or Foreign Country) IEW YORK
98. FACILITY NAME (If not institution, given HOWARD COUNTY O			COLUMBIA	OF DEATH	9c. COUNTY HOWA	
	NTY WARD	10c. CITY, T	OWN OR LOCATION COLUMBIA			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
9261 HOBNAIL CO			101. ZIP CODE 21045		10g. CITIZEN	U.S.A.
3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 VINO	13. WAS DECENDENT OF HI If yea, specify Cuben, M 1 ☐ YES 2 XXIIO S	laxican, Puerto Rican, atc.)	Yee or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed) College (1-4 or 5 +) 2.	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during most of working stired.)	U.S.SE	BUSINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last) PAUL C. NAHRGAN		, DEGREE	18. MOTHER	'S NAME (First, Middle, Meidle Y A. MAHONE	en Sumame)	
19e. INFORMANT'S NAME (Type/Print) MARY A. NAHRGAN	IG (MOTHER		RNA ROAD, WARW			
20a. METHOD OF DISPOSITION 15 Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	ST. COLUMBA	ON (Name of cometery, cremetor) A CEMETERY		LOCATION — CRY	or Town, State I, RHODE ISLAND
21. SIGNATURE OF FUNERAL SERVICE) >	L	LEROY M. & R			UNERAL HOMES
23. PART I. Enter the diseases, ahock, or heart failured immediate CAUSE (Final disease or condition resulting in death)	Pheu	on each line.	enter the mode of dying,	, such as cardlec or red	epiratory arreat	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSEQUENCE OF):	rumonis (in the Snot	ICEM(2	- 8 days
PART II. Other algnificent conditions	lona contributing to de	ath but not resulting in	the underlying cause give	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		28. PLACE OF DEAT			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	EATH 26s. DATE OF INJURY (Month, Day, Year) 26s. TIME OF 26c. INJURY AT WORK? WORK? WORK? 1 YES 2 NO					
	building, etc	NJURY — At home, farm, atre . (Specify)	et, factory, office	281. LOCATION (Streetly or Town, Sta	eet end Number or ete)	Rural Route Number,
TOTAL CITY			at the time, data and place, an In my opinion, death occured			: cause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERT	FIER	· mi	29c. LICENS	E NUMBER	29d. DATE S	IGNED (Month, Day, Year)
30. HAME AND ADDRESS OF PERSON						



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-									
	1. DECEDENT'S NAME (First, Middle, Last)	HLieR			2. DATE OF DEATH	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs.				6. BIRTHPLACE (State or Foreign			
	147-05-3627 1	MM20 F 79	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	-12 TEXAS			
œ	9a. FACILITY NAME (It not institution, give street	and number) not	A 9b. CIT	, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH			
6	RESIDENCE OF DECEDENT	HOSPIT	111-17	041501	V) [VI]).	1 DITATIMORE			
DIRECTOR	10a. STATE 10b. COUNTY	700	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	11/0/0	I HIG.	101. ZIP CODE		1 YES 2 NO			
FUNERAL	2826 EMERAL	O ROAD		2123	+	U.S.A.			
N N	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED 13.	WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Ye	a or No— 14. RACE — American Indian, Black, White, etc.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			ecify:	Specify:			
	15. DECEDENT'S EDUCATI (Specify only highest grade com	ION 16a.	DECEDENT'S USUAL C	during most of working	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLETED		College (1-4 or 5+)	ille. Do NOT use retired.)	902	KAPE	2) 202			
NO.	17. FATHER'S NAME (First, Middle, Last)		2015KAI	18. MOTHER'S	NAME (First, Middle, Maider	Sumame)			
BE C	EDWARD	ORTLISE		(7)	ORSO Ri	TA ORTLUB			
2	19a. INFORMANT'S NAME (Type/Print)	COS	19b. MAILING ADDRES	S (Street and Number or Ru	ral Route Number, City or Tox	vn, State, Zip Code)			
	20a, METHOD OF DISPOSITION	20b. PL/	CE AND DATE OF DIS	POSITION (Name	DATE 20c LC	DCATION — City or Town, State			
	150 Burial 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State	tany, crematory or other	SMS 15 RY	192 P	iekville Marylano			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22	NAME AND ADDRESS OF	APLY OF PE	moriss'			
		A sores		800 HARF	ORD ROAD	-tarkville			
A	23. PART i. Enter the diseases, or com shock, or heart failure. List			r the mode of dying, a	uch as cardiac or reep	interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	/11	IED	Eni	LURE	Onset and Death			
	resulting in deeth) a	DUE TO (OR AS A CON	ISEOUENCE OF):	1/1	LUKE				
NO	Sequentially list conditions, DECOMPENSATED DUE TO (OR AS A CONSEQUENCE OF):								
MATE	If eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A COM	SECUENCE OF):	VER C	IRR HOS	2/3			
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	ISEOUENCE OF):		11/1/				
ZER	resulting in death) LAST								
	PART II. Other significent conditions of	contributing to death but n	ot resulting in the u	nderlying cause given	In Part I. 24s. WAS AI PERFO	NAUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
EDICAL					1 _ YES	COMPLETION OF CAUSE			
			-		- 1	1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)				
PHYSICIAN: N		IOSPITAL: Inpatient 2 ER/Outputier	OTHE						
PH	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED			
1 Netural 1 Netural 2 Netural 3 Neutode 3 Neutode 4 Neut									
							PCE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	
000	anal	On the basis of examination and	Ler investigation, in my	opinion, death occured at	the time, date and place, a	and due to the cause(s) and manner as stated.			
BE (296. SIGNATURE AND TITLE OF CERTIFIER	1/4/		29c, LICENSE	NUMBER CAEC	29d. DATE SIGNED (Month, Day, Year)			
5	20 NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	1020	7-7	10107.96			
	PEMY CHHIM!	4.D. SAINT		HOSPITA	-C, TOWSO.	NMD 2/204			
	PEMY CHH(M)	32. REGISTRAR'S SIGNATUR	JOSEPH	HOSPITA	-C, Towso.	N MD 2/204			
	PEMY CHHIM!	J.D. SAINT	JOSEPH	HOSPITA	-C, Towso,	M M D 2/204			

The law requires that the death certificate be executed within 2-mous after death. Page 6 may be retained by the host

	1 - FOR (STATE REGISTRAR	TE OF MARYLAND / DEPART CERTIFI	MENT OF HEALTH		HYGIENE REG. NO.	2 00205
	1. DECEMENT'S NAME (First, Middle, Last)	2.240-1	Cia	2. DATE OF MONTH	DEATH DAY YE	AR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX		Sr.	ER 24 HRS. 7. DATE OF	2 . 7 2	MRTHPLACE (State or Foreign
	218-05-9312 X	12 □ F 83 YRS.	MONTHS DAYS HOURS	MIN. (Month-I	9-08	country 4.
OR	9a. FACILITY NAME (If not institution, give street and C.C, C, C, C, 333 A	alem Lane	9b. CITY_TOWN OR LOCAT	Catonski M	9c. COUNTY	of DEATH
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c, CITY	, TOWN OR LOCATION			10d. INSIDE CITY
BIG	Maryland Anne Aru	ındel Ba	lltimore (E	Brooklyn P	ark)	LIMITS? 1 YES 2 X NO
BY FUNERAL DIRECTOR	216 Audrey Avenue,		101. ZIP COI	21225		OF WHAT COUNTRY? SA
2	l FOI	S DECEDENT EVER IN U.S. ARMED RCES? 1 YES 2 NO		OF HISPANIC ORIGIN?	(Specify Yes or No— 14.	RACE — American Indien, Black, While, etc.
BY I		YES, GIVE WAR OR DATES	1 TYES 2 X NO			Specify: White
ED	15. DECEDENT'S EDUCATION	18a. DECEDENT'S I	JSUAL OCCUPATION	18b. K	IND OF BUSINESS/INDUST	
COMPLETED	(Specify only highest grade complete Elementary/Secondery (0-12) Colleg	10 (1-4 or 5 +)	ork done during most of work retired.)		and Day	dook
MP	12th Grade	Retired	Machinist		aryland Dry	uock
8	17. FATHER'S NAME (First, Middle, Last) Edgar	Pumphrey		THER'S NAME (First, Mid	Pumph	rev
BE	19e. INFORMANT'S NAME (Type/Print)				City or Town, State, Zip Coo	
유	Mr. Graham Pumphrey	, Jr. 214	Audrey Ave.	, Baltimo	re, Marylan	d 21225
	20s, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from	m State 20b. PLACE OF DISPOSE Off Place) GTen Hav	rion (Name of cometery, cr	ematory or 1 Park 1/6	Glen Burn	or Town, State ie, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kevin E. Ecker	22 NAME AND ADDE	ESS OF EACH ITY	•	
	1		237 F.	runerai n Patapsco A	ome of Broo	, Md. 21225
	23. PART I. Enter the diseases, or complic shock, or heart fallure. Liet on					
	IMMEDIATE CAUSE (Finel	y one cause on each line.	11/1	1		Onset and Death
	diseese or condition resulting in daeth)	DUE TO (OR AS A CONSEQUENCE OF	Hear the	Mure		
		DUE TO (OH AS A) CONSEQUENCE OF				İ
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):			
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury					
불	that initiated events resulting in deeth) LAST	OUE TO (OR AS A CONSEQUENCE OF):			
CEF	d					
CAL	PART II. Other significant conditions control	-1	n the underlying ceue	e given in Part I.	24a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	- Caran	erm			1 TYES 2 NO	OF DEATH?
						1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF	OEATH (Check only one)		
SIC		PITAL: patient 2 = ER/Outpatient 3 = DOA	OTHER: Nursing Home 5	Residence 6 - Other	(Specify)	
/ PHY	1 Natural 5 Pending	8a. DATE OF INJURY (Month, Day, Year) 28b. TIMI	E OF 28c. INJURY AT WORK? M 1 YES 2	13.050.25111	RIBE HOW INJURY OCCUR	ED
ED BY	2 Accordent	6e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	street, factory, office	281. LOCAT	TION (Street and Number or I Town, State)	Rural Route Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICIAN: TO	o the best of my knowledge, death occurre	od at the time data and pla	co. and thus to the cours	e/s) and manner as stated	
)MP	CORBON OTHY	ne basis of examination and/or investigation				euse(s) end manner es atated.
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. L	ICENSE NUMBER	29d. DATE SI	GNED (Month, Day, Year)
00	1			75044	1/	2/5
10	30. NAME AND ADDRESS OF PERSON WHO COM	LETED CAUSE OF OEATH (ITEM 27) (Type,	Print)			
	31. DATE FILEO (Month, Day, Veer) 4000	2. REGISTRAR'S SIGNATURES				
	I IAN 117 1992	2. BEGISTRATS SIGNATURE TO ANGLE	<u>L</u>			



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DIVISION OF VITAL RECORDS, P.O. BOX 687	-
	1

4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be-filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic	

						9	2 00206	
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Charles Pa	rks			2. DATE OF DEATH	DAY	3. TIME OF DEATH	
Н					Jan.5]	992	12:40pm M	
	214-28-0147	□M 2 □ F	61 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	NOV. 8,1	930	8. BIRTHPLACE (State or Foreign Country) Maryland	
DIRECTOR	9a. FACILITY NAME (If not institution, give stree 207 MiddleWa		pt.lA	Middle R			altimore	
EC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY	
L DIF	Md. BA	ltimore		Middle :	River	1	1 YES 2 NO	
FUNERAL	207 Middleway			21:	220	Ţ	ZEN OF WHAT COUNTRY? USA	
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR O	N U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF HISP If yea, specify Cuban, Max 1 YES 2 NO Spe	can, Puarto Rican, etc.)	a or No—	14. RACE — American Indian, Black, Whita, atc. Specify: White	
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BU	SINESS/INDU		
COMPLETED		College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done during most of working retired.)	Md.S	tate	Highway	
SON	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S I	NAME (First, Middle, Maiden		Jun al	
BE	Charles PArk	CS		Pai	line L	ake		
10	19a. INFORMANT'S NAME (Type/Print) Mary Carolyn Parks 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 207 Middleway Road BAltimore Md. 21220							
	20a. METHOD OF DISPOSITION Burlai 2 Cremation 3 Removal from Stata							
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	11.	22. NAME AND ADDRESS OF	FACILITY			
	23 PART I Enter the diseases or con	unilax	Mone	ConnellyFur	neralHome:	300MA	ceAve.21221	
	23. PART I. Enter the disease, or con ahock, or heart dilure. Lia immediate CAUSE (Final disease or condition resulting in death)	oue to (or As A	consequence of:	anter the mode of dying, st	y Sny	iratory arre	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):							
2	DADT II Other classificant as all the							
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.					AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
							1 TES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
SIC	EXAMINER?	OSPITAL:		26. PLACE OF DEATH (C				
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME C	Nursing Homa 5 Realdence PF 28c, INJURY AT	1	N IUDY OCCU	IDED	
BY	1 return 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2 NO					SCRIBE HOW INJURY OCCURED		
ETED	3 Suicide a Could not be determined 28s. PLACE OF INJURY — At homa, farm, street, factory, offica building, etc. (Specify) 28st. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occurred at the time, data and placa, and dua to the cause(a) and manner as stated.							
8	296. SIGNATURE AND TITLE OF CERTIFIER	Dim	ma	29c, LICENSE NO			SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	1 .	44		m / 2/2	2 ~\		
	31. DATE FILED (Month, Day, Year)	JAN 07 1	992 Jul	a Davidson-Randal				

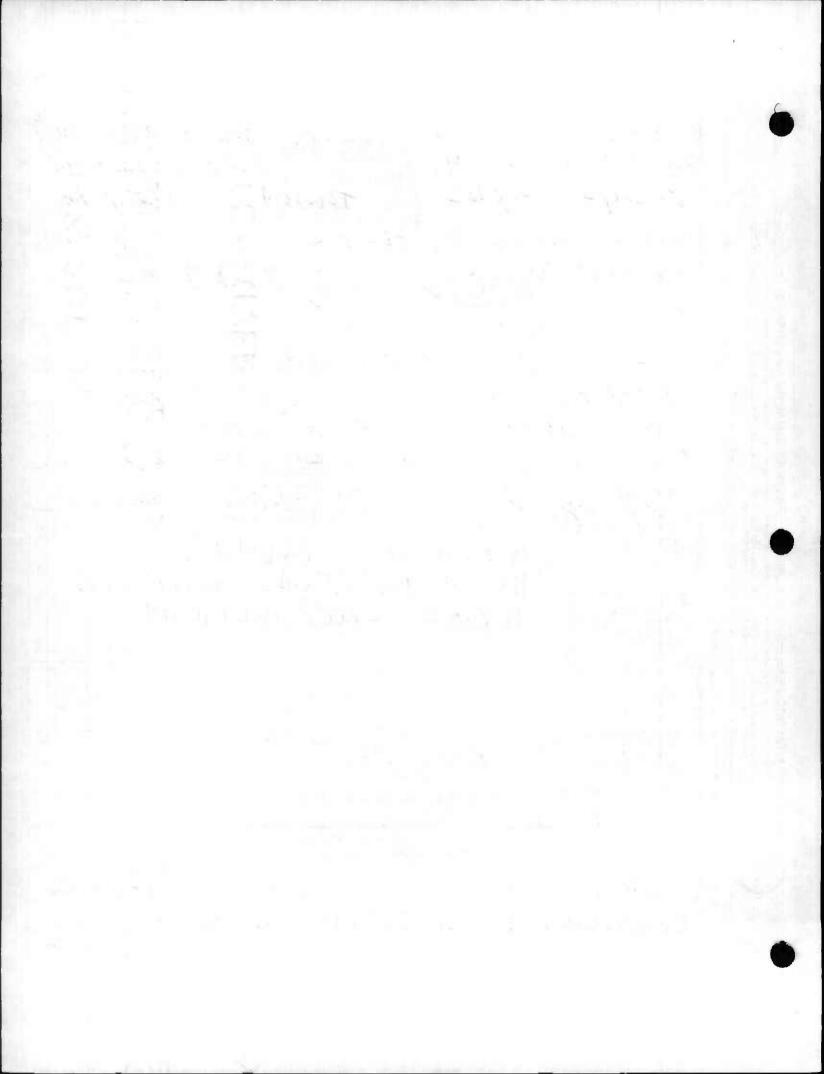
Sales Transaction of the High

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ROEMER		2. DATE OF DEATH	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-28-1255		F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) EC. 8. 1907	BIRTHPLACE (State or Foreign Country)	
CTOR	99. FACILITY NAME (If not institution, give MADOWN H RESIDENCE OF DECEDENT	FRITAGE INC.	JAPPETTS	VILLE 9c. COUNTY	RFORD CO,	
DIRECTOR	MARYLAND BA	LTIMORE CO, 10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 2299 LOWELL	PIDGE COURT	101. ZIP CODE 2/23	10g. CITIZEN	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Maxic 1 YES 2 AMO Speci	en, Puerlo Ricen, etc.)	RACE — Afferton from fin Brick, White, etc. Specify:	
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		SUAL OCCUPATION & done during most of working selfred.)	DEPT. OF	HEALTH	
BE CO	17. FATHER'S NAME (First, Middle, Last) GEORGE A	. ALBRECHT	18. MOTHER'S NA	AME (First, Middle, Meiden Surname)	GLE	
2	FAMILY PL	TOPES 196. MAILING AD	ODRESS (Street and Number or Rural	Route Number, City or Town, State, Zip Coo	(e)	
	20e. METHOD OF DISPOSITION 1	DULANEY	DISPOSITION (Name of MEM.	1-4-2 COCKEY	or Town, State SVIULE, MD,	
	21. SIGNATURE OF FUNERAL SERVICE LI	J- Jan	22, NAME AND ADDRESS OF FA	FAREL OF 1	REMORIES	
23. PAST I. Effect the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, about, or head eliura. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.						
MEDICAL	PART II. Other significant condition	ns contributing to deeth but not resulting in t	the underlying ceuse given in	Pert I. 24a. WAS AN AUTOPSY PERFORMEO? 1 \(\text{ YES } 2 \) NO	24b. WERE AUTOPSY FINDINGS AWAIL ABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA M	26. PLACE OF DEATH (Ch THER: Nursing Home 5 - Residence			
מו השו	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	289. DATE OF INJURY (Month, Day, Year) 285. TIME O INJURY	F 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURE	D	
LEIEU C	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — At home, farm, stree building, etc. (Specify)	et, factory, office	281. LOCATION (Street and Number or R City or Town, State)	ural Route Number,	
COMPLE	299. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of my knowledge, death occurred a ER: On the basis of examination and/or investigation, is	nt the time, data and place, and due in my opinion, death occured at the	to the cause(s) and manner as stated. time, data and place, and due to the cause	use(s) and manner as stated.	
0 00	296. SONATURE IN THE GERTINE	R W	29c. MCENSE NU D3 4		NED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH A MARK 31. DATE FILED (Month, Day, Year)	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Frid	A PAPER	MILL RD.	21131	
	JAN 0 7 1992	32. REGISTRAR'S SIGNATURE This Devident Andoles				

DALIMORE, MANICAND SIZIS-0020	irs after death. Page 6 may be retained by the hospital or attending physician.	HIM. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be used after death with the State Dept, of Health and Mental Hygiene prior to burlat. Cremation, or removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 887 60,	PITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HIM. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur the hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	This is a 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

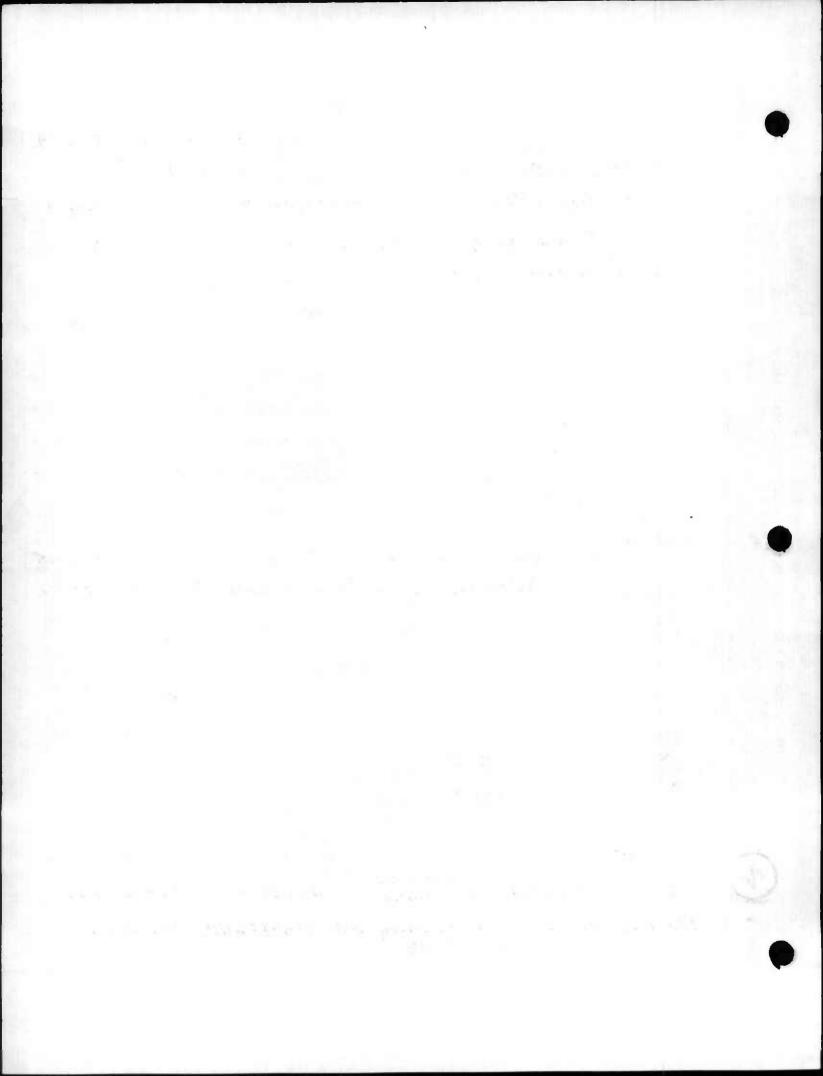
STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	1E
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO).

	THE GIOTIEST	THE OF BEATTI	TIEG. NO.	
	1. OECEDENT'S NAME (First, Middle, Lest)	0-0	2. DATE OF CEATH MONTH DAY	S. TIME OF DEATH
	EVELIN E. RAIHO	PEDER	JAN 2 9	212:40 m
		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month Only Year) 1912	BIRTHPLACE (State or Foreign Country)
	1111 30 110 111	b. CITY, TOWN OR LOCATION OF OE	дтн эс. социт	OF OEATH
8	ST. Joseph Hospital	TOWSON	BAC	HIMORE
	RESIDENCE OF DECEDENT 10s. STATE 10c. CITY,	TOWN OR LOCATION _		10d. INSIDE CITY
DIRECTOR	MARYLAND HARFORD CO. B	ELAIR	A 0	1 VES 2 NO
FUNERAL	406 UNDERWOOD CIR	210/4	10g. CITIZE	N OF WHAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	IIC ORIGIN? (Specify Yes or No- 14	I. RACE — American-Indian, Black, White, etc.
E	1 Neyer Merried 2 Married 1 Neyer Merried 2 Married 1 FYES, GIVE WAR OR DATES	1 TYES 2 NO Specify		Specify: 17E
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S US (Give kind of wo	BUAL OCCUPATION k done during most of working retired.)	16b. KIND OF BUSINESS/INDUS	STRY
PLET	Elementary/Secondary (0-12) College (1-4 or 5 +)	MAKER		
E COMPL	17. FATHER'S NAME (First. Middle, Leet) DOTSON	18. MOTHER'S NA	ME (First, Middle, Meiden Syrname)	LER
TO BE	196. INFORMANT'S NAME (Typo/Print) RECORDS 196. MAILING A	DDRESS (Street and Number or Rural I	Poute Number City or Town State, Zip Co	ode)
	20e. METHOD OF DISPOSITION 1 M Burlei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	F DISPOSITION (Name	DATE 20c. LOCATION - CH	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF EA	ORITY WIRAL CI	HAREL
	My J- gar	5888 THAN	FORD RD. PI	ALKVILLE
	23. PANTA. Enter the diseases, or complications that caused the deeth. Do no	t enter the mode of dying, suc	h as cerdiec or respiratory erres	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition A SPIDATION	1 PAIE	INTONICA	Onset and Death
3	resulting in death) . Due TO (OR AS A CONSEQUENCE OF):	VINA	JICONA	•
z	T. HX OF M	40CARDIA	L INFAR	CTION
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING	ENG-DUI	VID DATHY	
2	CAUSE (Disease or injury that initiated events	CIVELDI	CUPHILL	-
F	resulting in deeth) LAST			
	PART ii. Other significent conditions contributing to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	This is a second	the underlying codes given in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE
			1 TYES 2 TNO	OF DEATH?
PHYSICIAN: M			_	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Ch	eck only one)	
YSI	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA	□ Nursing Home 5 □ Residence		
	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU		28d. DESCRIBE HOW INJURY OCCU	RED
84	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJURY — At home, farm, st		281. LOCATION (Street and Number of	Rural Route Number,
TED	3 Suicide 6 Could not be building, etc. (Specify)		City or Town, State)	
PLE	29e. CERTIFIER (Check only) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred	at the time, data and place, and due	to the cause(e) end manner as stated	1.
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation	In my opinion, death occured at the	time, date and place, and due to the	cause(e) end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	5886 P 1	signeo (Month, Day, Year) - 2 - 92
5				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, I	SEPH HO.	SPITAL-TOI	MM, MOZU
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, I	SEPH HO.	SPITAL-TOI	21204



	DRAIN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	UNECTOR, the this excitate has been signed to the attending physician and completely filled in by the funeral director, page 5 should be detached to the complete of the compl		MIT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
-	e 6 may be	rector, page		must be	
	death. Pag	e funeral dir		examiner	
	hours after	led in by the	, or remova	medicai	
	ed within 24	ompletely fill	ii, cremation	event, the	
	e be execute	sician and co	rior to buna	traumatic	
	th certificat	ending phy	n Hygnene p	or other	
	that the dea	d by the att	dila menta	ny Injury,	
	w requires t	been signe	i. ol nealt	shows a	
	AN: The lan	tificate has	e orale net	r item 23	
	NG PHYSICI	fter this cen	ALLI WILL LIN	marked, o	
	OR ATTENDI	MECTOR: A	ours after or	em 28 is	
,	OSMINE.	MEAN	and the m	MET II I	

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAI CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.	92 00209
1. DECEDENT'S NAME (First, Middle S)	Last) Paul				2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SÉCUNITY NUMBER 237-42-4404 237-32-4404 9e. FACILITY NAME (If not institution	5. SEX 1, M 2 - F	6. AGE (In yrs. last birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) G - 24-29	6. BIRTHPLACE (State or Foreign Country) Chatam, NC
E Leland Wifm	anul Hour	אחוו		en ula		CINCY GLORYLY
	ina bear		TOWN OR LOCAT	da 1-8	,	10d. INSIDE CITY LIMITS? 1 YES 2 NO
	dale R	S CLC!	20	737		USA
3 Widowed 4 Divorced	FORCES?	1 TYES 2 NO	If yes, spe	city Cuban, Maxic	NIC ORIGIN? (Specify Yes or No an, Puerto Rican, etc.) ify:	o- 14. RACE — American Indian, Black, White, etc. Specify: 31 ACK
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, La	S EDUCATION I grade completed) College (1-4 or 5	(Give kind of	USUAL OCCUPATION Work done during most se retired.)	N st of working	16b. KIND OF BUSINES	
H Jake Kiggsbee				18. MOTHER'S N. Ella	AME (Eirst, Middle, Majden Surna COUNCIL	me)
Willie F Rig	gsbee	19b. MAILING S &	ame as 10	a,b,c,d	Route Nymber, City or Town, State, e, & I	te, Zip Code)
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	20b. PLACE AND DATE cemetery, crematory or community of the community of t	urch Cem	eterv-17	1/9/92 Cha	N - City or Town, State tan Co pel H111, NC
21. SIGNATURE OF FUNERAL SERVI	c Smi	A	3015	12th St	NE, DC 20017	
23. PART I. Entar tha diseasa /ahock, or haart fai IMMEDIATE CAUSE (Final disease or condition resulting in death)	rule. List billy one cal	use on each lina.			sh as cardiac or respirator	Onset and Deal
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	(OR AS A CONSEQUENCE O	F):	deva	sular Dix	case years
PART II. Other significant conditions of the con	ditions contributing to	death but not resulting	in the underlying	causa given in	Part I. 24e. WAS AN AUTO-PERFORMED?	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	ER/Outpatient 3 □ DOA	OTHER:	ACE OF DEATH (C		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investiga	28a. DATE OF (Month, D	INJURY 28b. TIM INJ	E OF 28c. INJU	RY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY	OCCURED
3 Suicide 8 Could in 4 Homicide detarmin		OF INJURY — Al home, farm, s atc. (Specify)	street, factory, office		281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
(Check only 1 CERTIFYING	PHYSICIAN: To the best of AMINER: On the beals of a	my knowledge, death occurre xemination and/or investigation	ed at the time, data on, in my opinion, de	and place, and due ath occured at the	to the cause(e) and menner as time, data and place, and dua	s stated. to the cause(a) and menner as stated,
29b. SIGNATURE AND TITLE OF CER	real "	Examine	and a	DOIS	MBER 29d. ▶	DATE SIGNED (Month, Day, Year) 1-2-92
PAUL A, DEVORE, 31. DATE FILED (MONTH), Day, Year)	MD 4203	SE OF DEATH (ITEM 27) (Type, OVELYS SIGNATURE	y Rd	Mya	Haville N	12 20131
JAN 07 1992	Julia Davi	dian-francisco				E.



permit. the bunial-transit death, Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

ITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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the state	10va	60
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ID THE TAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH William Arthur Riggins, Sr. 1992 William A. Riggins January 6. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. MONTHS DAYS HOURS 1 X M 2 | F YRS. 214-18-1814 6/23/1917 Maryland 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Medical Center of Perry Point Cecil Co. Perry Point DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ocean City Wicomico Maryland 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21842 USA 10438 New Quay Road, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxican, Puerio Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced White WW 2 Army ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade John T. Clark COMPL Steamship Trade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Riggins Arthur Gorman Helen McDonald Riggins PO BOX 277A Rt. 1, 10438 New Quay Rd., 0 Ma. 21842 19a. INFORMANT'S NAME (Type/Print) Mrs. Virginia Pauline Riggins 20s. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Gien Haven Memorial Park 1/6 Glen Burnie, Maryland McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker 21225 23. PART LEnter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition_ . Carcinoma of Lung resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Ainpetiant 2 ER/Outpetient 3 DOA OTHER 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be ETED. 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE (fer De -2

MD 16608

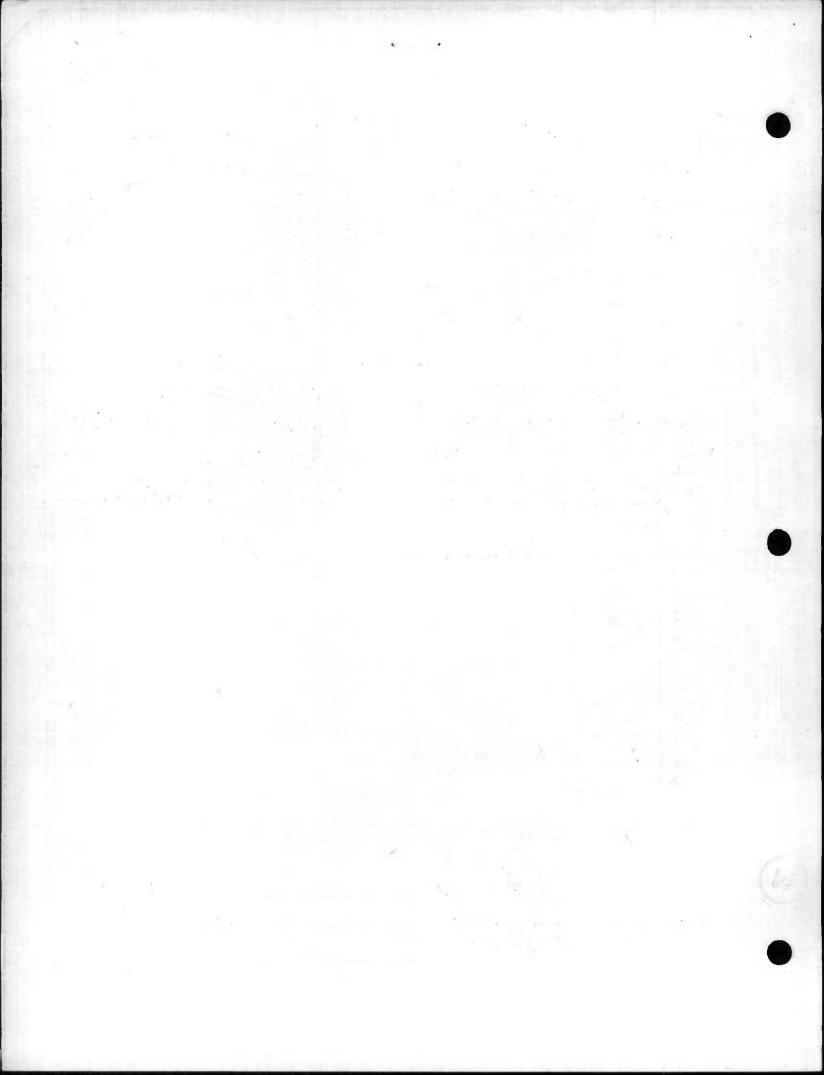
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KAM-KEN LEUNG, M.D., VA Medical Center, Perry Point, MD

32 REDISTRATS SIGNATURE

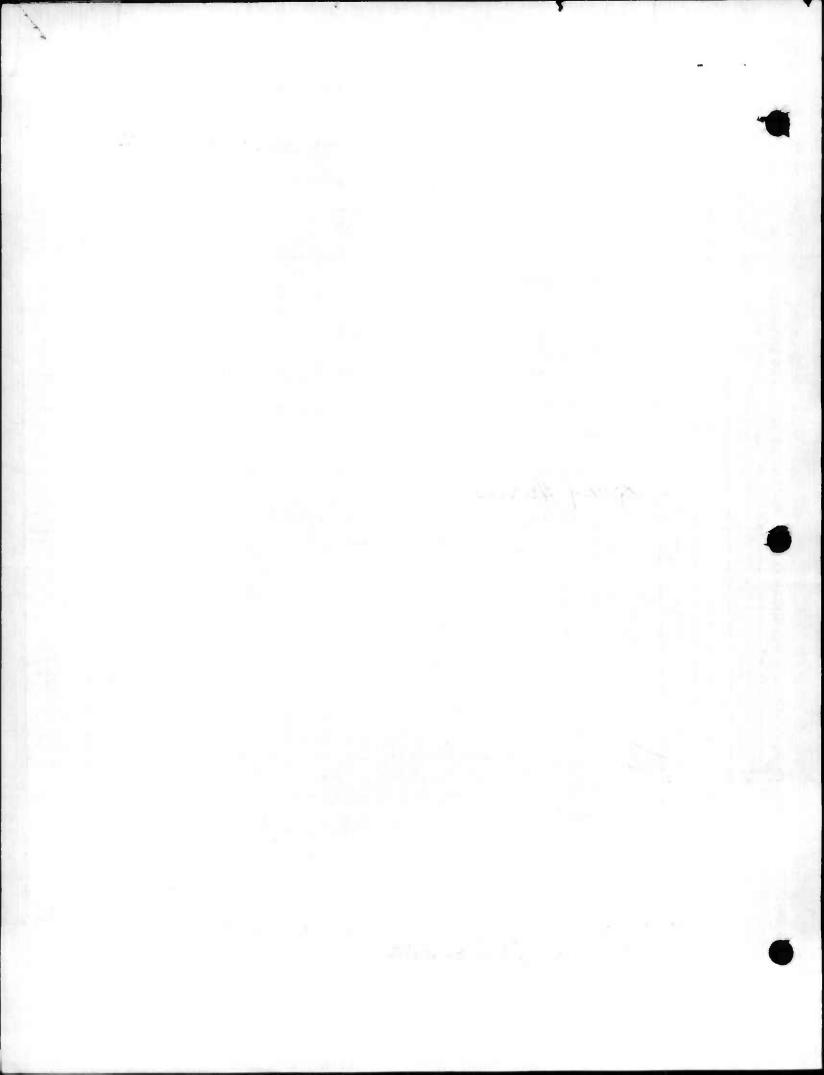
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)



BALTIMORE, MARYLAND	hours after death. Page 6 may be retained by the ho.	lled in by the funeral director, page 5 should be detack), or removal.	medical examiner must be notified at once.
DIVISION OF WTAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PRESSION TO BE AWARD FOR THE HOSPITAL BY THE HOSPITAL OR ATTENDING PRESSION OF THE HOSPITAL OR ATTENDING PRESSION OF THE HOSPITAL OR ATTENDING PRESSION OF THE HOSPITAL OR ATTENDING PRESSION OF THE HOSPITAL PRESSION OF	TO THE FUNERAL DIRECTOR: After commune has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after dean mean size. Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPART CERTIFIE	MENT OF HEALI	H AND MENT	AL HYGIENE REG. NO.	2 00211	
1. DECEDENT'S NAME (First, Middle, L	est)				TE.OF-BEATH	3. TIME OF DEATH	
	M. Sinkfi	eldz			YULTY 1,1	997	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UN	DER 24 HRS. T. DAT	TE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)	
212-32-3031	1 🗆 M 2-🖺 F	87 YRS.	- ONTHS DAYS MODE	1 1	2 8 04	Maryland	
9a. FACILITY NAME (If not institution, g			96. CITY, TOWN OR LOC	ATION OF DEATN	9c. CO	UNTY OF DEATH	
Greater Balt: RESIDENCE OF DECEDENT 10a. STATE 10b. CO Maryland Bal				1	В	Baltimore	
Mary land			TOWN OR LOCATION			10d. INSIDE CITY LIMITS?	
Maryland Bal	Ltimore	Lut	herville			XX YES 2 □ NO	
100. STREET AND NUMBER 601 W. Semir 11. MARITAL STATUS 11. Never Married 2. Married	Dere Assessed		10f. ZIP C		10g. Cl	TIZEN OF WHAT COUNTRY?	
2 11. MARITAL STATUS	12. WAS DECEDENT EV		210			SA	
1 Never Married 2 Married Never Married 2 Married Never Married 4 Divorced	FORCES? 1 T	YES 2 NO	If yes, specify C	ıban, Maxicen, Puert	GIN? (Specify Yes or No o Rican, atc.)	14. RACE — American Indian, Black, Whita, etc. Specify: Black	
	EDUCATION	16a DECEDENT'S II	SUAL OCCUPATION	1.	et Khio or Bilanissa		
(Specify only highest g	College (1-4 or 5+)	(Give kind of wo	ork done during most of wr	rking	6b. KIND OF BUSINESS/IN	IOUSTRY	
	College (I-4 or 5+)	School	l Teacher				
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Lest, 10)					t, Middle, Malden Surname)		
				(, , ,	Frances		
100 INFORMANTIC MAME (T		19b. MAILING A	ADDRESS (Street and Num	ber or Rural Routa Nu	imber, City or Town, State, Z		
Richard Semb	1 v					ville, Md	
20a, METHOD OF DISPOSITION		20b. PLACE AND DATE OF			TE 200 LOCATION	Ott T Ot -	
**Suriel 2 Cremation 3 1 1 4 Donation 5 Other (Specify)	lemoval from State	Pleasant.		1/6	/92 _{marra}	n, maryland	
21. SIGNATURE OF FUNERAL SERVICE	LICEUSEE	Fleasail.	22. NAME AND AGO	RESS OF FACILITY		u. maryland	
Derwy	Auris		Chatman	II	170	1 McCulloh S	
23. PART I. Enter the diseases,	or complications that as	word the death the co	Ciracillai	-narris	F/H Bal	timore, Md 2	
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	ь	AS A CONSEQUENCE OF):				Onset and De	
Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	CAUSE (Disease or injury that initiated events CAUSE (DISEASE OF INJURY DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other significant conditions are significant conditions. 25. WAS CASE REFERRED TO MEDICA EXAMINED 1	ilons contributing to dea	ith but not resulting in	the underlying csus	e given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2	24b. WERE AUTOPSY FINDING AWAILABLE PRIDE TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA			20 01 405 05	OFATN (Charles			
EXAMINER2	HOSPITAL:		OTHER:	OEATN (Check only			
27. MANNER OF CEATN	25e. OATE OF INJU		OF 28c. INJURY AT		her (Specify) ESCRIBE HOW INJURY OC	2011PE	
	(Month, Day, Ye		RY WORK?	11775	ESCRIBE NOW INJURY OC	CORED	
2 Accident Investigation	28a PLACE OF INJ	JURY — Al home, term, str			CATION (Street and Number	er ne Dund Davin Munha	
4 Homicide determina	Dunding, etc. ((Specify)	, , , , , , , , , , , , , , , , , , , ,	CH	y or Town, State)	i or nurair noute number,	
2 MEDICAL EXAM		knowledge, death occurred nation and/or immedigation,	In my opinion, death oc	ce, end due to the coursed at the time, de	ta and place, end due to t	ated. the couse(a) and manner ee stated.	
Market	Orons	wellen)	1 6)-0938	3 1	1/3/92	
30 NAME AND ADDRESS/OF PERSON	WNO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type, P	H08 K	Lisher	Chuse -A	Village of Ol:	
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	SIGNATURE	1-0/9	194071	7	400011290	
JAN 0 6 19	32 Julia Davi	idson-Randall					



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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death, Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN ATTENDING PHYSICIAN: The law requires that the death ce	MECTOR: After this certificate has been signed by the attending the after death with the State Dept. of Health and Mental Hy	em 28 is marked, or item 23 shows any injury, or

BALTIMORE, MARYLAND 21215-0020

IVISION OF VITAL RECORDS, P.O. BOX 68760, 1

1. DECEDENT'S NAME (FIRST, MIDDIE), ERMA	Erma Catl		CATE OF DEATH	2. DATE O	AÈĠ. NO.	YEAR 3. TIME OF DEATH *
4. SOCIAL SECURITY NUMBER 217-22-5493-	5. SEX 8. AC	GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF	F BIRTH (1905)	8. BIRTHPLACE (State or Foreign Country)
	give street and number) itan Hospit	al	9b. CITY, TOWN OR LOCATION O	OF DEATH	9c. COUNT	Maryland TY OF DEATH
Maryland		10c. CITY	y, town or Location Baltimor	e		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
3011 Belai	r Road		10f. ZIP CODE 2 1	213		EN OF WHAT COUNTRY?
11. MARITAL STATUS 12 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED ES YNO E DATES	13. WAS DECENDENT OF HI If yes, specify Cuben, M 1 — YES 2 X X O S	SPANIC ORIGIN? exican, Puerto Ric pecify:		14. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest Elementery/Secondery (0-12) NA	EDUCATION grade completed) College (1-4 or 5+) NA	(Give kind of w life. Do NOT us	usual occupation vork done during most of working e retired.) S Lady	16b. K	THE DOT BUSINESS/INDU	STRY
17. FATHER'S NAME (First, Middle, Las Howard Walt	er Sauner	Juli	18. MOTHER		de Departi de Maiden Surneme) G. Demitz	ment Store
190. INFORMANT'S NAME (Type/Print) Katherine L	Sauner (n:	19b. MAILING				
20a METHOD OF DISPOSITION 21 Surial 2 Cremetion 3 C 4 Donetion 6 Other (Specify)		80b. PLACE AND DATE O	PF DISPOSITION (Name of her place) eemer Cemete	DATE	20c. LOCATION — CH	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	11.	Schimunek	Funera	al Homes,	Inc.
	- L W. A		3331 Brehr	is Lane	e, Balto,	Md. 21213
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	B. DUE TO (DR AS	S A CONSEQUENCE OF	ot enter the mode of dying, on previous:	such ae cerdie	e, Balto,	Md. 21213 st. Approximate interval Between
IMMEDIATE CAUSE (Finei disesse or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING	B. DUE TO (DR AS	S A CONSEQUENCE OF	ot enter the mode of dying, on previous:	such ae cerdie	e, Balto,	Md. 21213
IMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. DUE TO (DR AS	S A CONSEQUENCE OF	ot enter the mode of dying, in previous i:	such ae cerdie	e, Balto, c or respiratory arrea 40. WAS AN AUTOPSY PERFORMED? YES 2 NO	Md. 21213 Approximate interval Betwee Onset and Des Sday.
IMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	B. DUE TO (DR AS DUE TO (OR AS d. DUE TO	S A CONSEQUENCE OF	ot enter the mode of dying, Dr. Press. The underlying cause given 26. PLACE OF DEATH OTHER:	in Pert i. 2. (Check only one)	te. WAS AN AUTOPSY PERFORMED?	Md. 21213 Approximate interval Betwee Onset and Des 3 day. 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Panding Investigat 2 Accident 3 Suicide 6 Could not determine	B. DUE TO (DR AS DUE TO (DR AS DUE TO (OR AS DUE	A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF D but not resulting in Attention 3 DOA The state of the state	26. PLACE OF DEATH OTHER: 1 OF 28c. INJURY AT WORK? 1 YES 2 NO	(Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)	te. WAS AN AUTOPSY PERFORMED? YES 2 NO Specify) IIBE HOW INJURY OCCUI ON (Street and Number or fown, State)	Md. 21213 Approximate interval Betwee Onset and Des Sday. 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO RED RURAL SPLEAS RURAL ROUTE Number, CM 6 Juff for
IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investiget 29 Accident 3 Suicide 6 Could not determine condy.	B. DUE TO (DR AS DUE TO (DR AS DUE TO (OR AS DUE	A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF But not resulting in Attention 3 DOA V 28b. Time INJU O Belair Ro Dowledge, death occurred	ot enter the mode of dying, Private State of Death 28. PLACE OF DEATH OT HER: OF LOSE OF DEATH OF LOSE OF LOSE OF DEATH OF LOSE OF LOSE OF DEATH OF LOSE OF LOSE OF DEATH OF LOSE OF DEA	(Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)	te. WAS AN AUTOPSY PERFORMED? YES 2 NO Specify) WIBE HOW INJURY OCCUI ON (Street and Number or Own, State)	Approximate interval Betwee Onset and Des 3 days 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO RED RURAL ROUTE Number, On 6 Juffe Co.

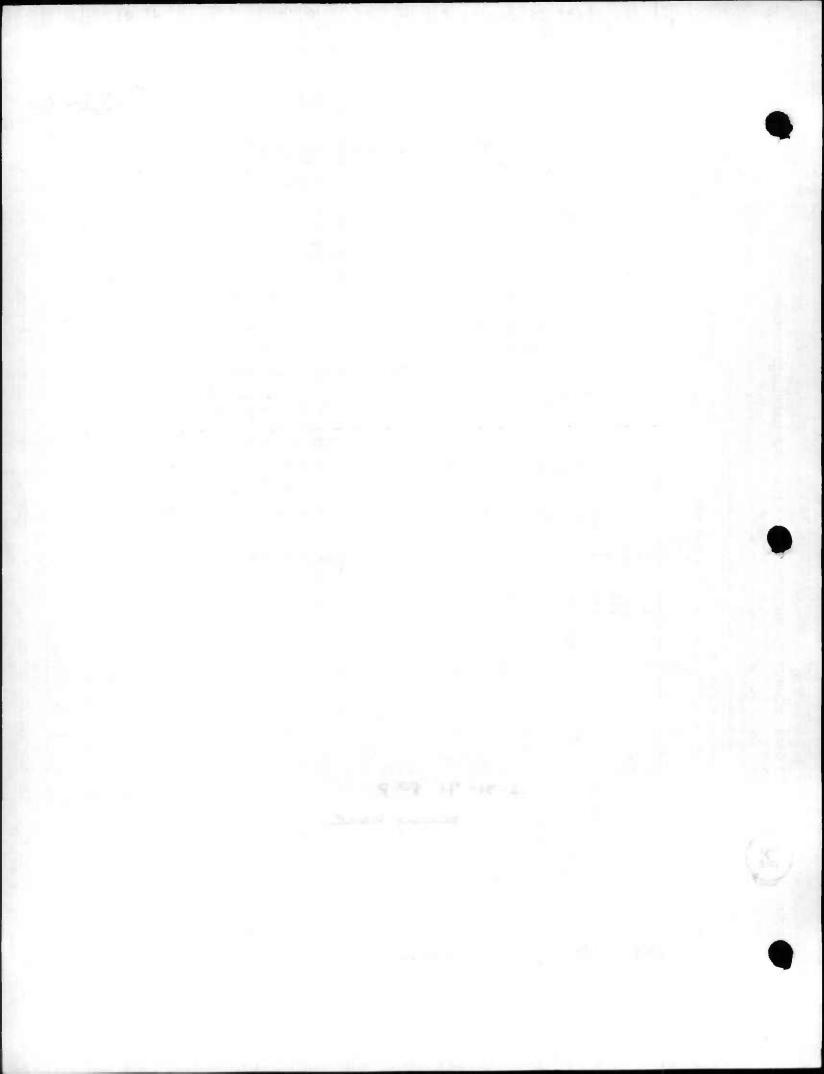
IMPORTANT: If Item 28 is marked, or item 23 shows any in

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1992

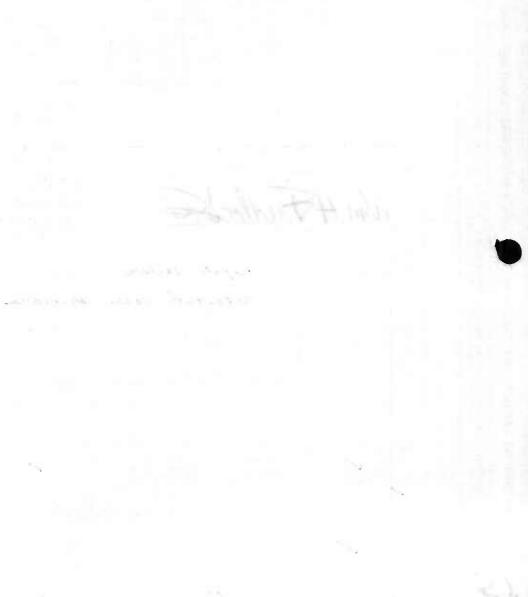
32. REGISTRAR'S SIGNATURE
TIME DEVISION Randale

DHMH-16 Rev 1/89



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. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 YEAR Joseph John Seidl Jan. 6, 4:15 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 217-38-6679 1XXM 2 | F 50 Feb.20,1941 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 8110 Pinecrest Ave. Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Baltimore permit. 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8110 Pinecrest Ave. use as the burial-transit 212137 U. S. A. retained by the hospital or attending physician 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY 1 TYES 2 NO Specify 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EOUCATION ecity only highest grade complet 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY JQ. Elementary/Secondary (0-12) College (1-4 or 5+) NA NA Office Work Accounting 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hans John Seidl BE Rosina Salbeck notified 19a: INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carol R. Seidl (Wife) 8110 Pinecrest Ave., Balto., Md. 21237 e METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1X Burlal 2 Cremation 3 Nemoval from State
4 Donation 5 Other (Specify) DATE must Parkwood Cemetery Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, inc. WM 9705 Belair Rd. 21236 Balto., Md. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart failure. Liet only one cause on eech line. 0 interval Between **IMMEDIATE CAUSE (Final** Onset and Death cremation, the disease or condition DUE TO (OR AS A CONSEQUENCE OF): event. reculting in death) 6 wh to burial, traumatic Metastatic 2 41 colon carcinones CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other Mental Hygiene that initieted events OUE TO (DR AS A CONSEQUENCE OF)reculting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS any AWAILABLE PRIDR TO COMPLETION OF CAUSE 1 TYES 2 THE NO shows a OF DEATH? 1 TYES 2 T NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State EXAMINER? HOSPITAL OTHER: 1 Inpatient 2 ER/Outpetient 3 DOA the of ng Home 5 Residence 6 - Other (Specify) 4 - Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED marked, 28b. TIME OF 28c. INJURY AT WORK? with 1 Natural 5 Pending Investigation BY 1 YES 2 NO death 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28 ls 281. LOCATION (Street and Number or Rural Route Number, City or Town. State) 8 Could not be COMPLETED after 4 Homicide THE HERAL DIRECTIONS OF THE PROPERTY OF THE PR 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF BE 29c. LICENSE NUMBER wekan M 18333 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Grochow, Johns Hopkins Hospital, 600 N. Wolfe St., BAlto, Md. 31. DATE FILED (MOD 32 REGISTRARYS SIGNATURE CARE



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

Income after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Income after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

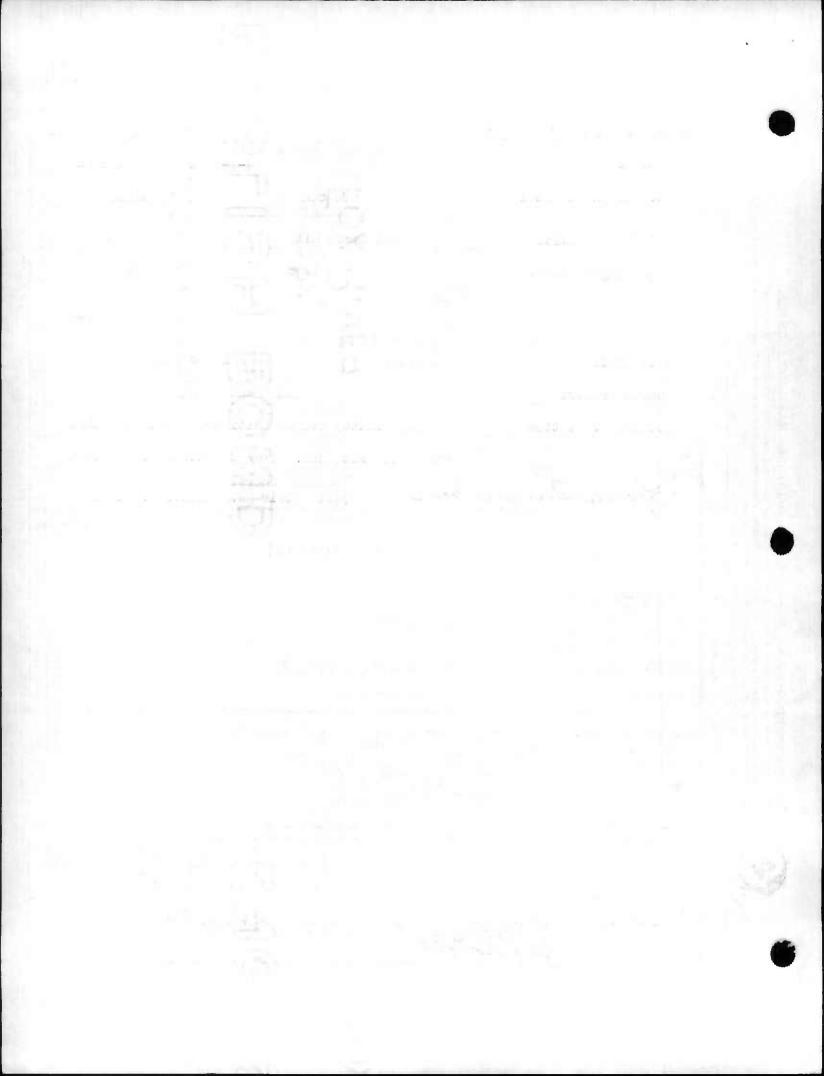
Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
			ERTIFICATE	OI	F DEAT	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART				GIENE G. NO.	6-m	JU 2 1 "	
1. DECEOENT'S NAME (First, Middle, Las	STETTES	1111			2. DATE OF DE	DAY	YEAR 92 3.1	IME OF DEATH	
4. SOCIAL SECURITY NUMBER 219-28-8589	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 4-7-	eth li	BIRTHPLA	CE (State or Foreign	
9a. FACILITY NAME (If not institution, give	e street and number)		Db. CITY, TOWN C	R LOCATION OF D		9c. COUNT	Y OF DEATH	1	
St. Joseph Ho	40		То	Towson			Baltimore		
Maryland 106. cour	NTY		town or Locat altimor		3.5			I. INSIDE CITY LIMITS? YES 2 \(\text{NO}\)	
100. STREET AND NUMBER 4326 Berger A	venue		101	21206		10g. CITIZI	USA	COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 2NO	If yes, sp		exican, Puerto Rican, etc.)			American Indian, hite, atc. White	
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +)	Ille. Do NOT use	rk done during mo retired.)			of Business/INDU			
12th grade		Secreta	Ly	18. MOTHER'S NA					
Thomas Traber	t				Hahn				
9a. INFORMANT'S NAME (Type/Print) Deborah L. St	ettes					y or Town, State, Zip o		21206	
tos. METHOD OF DISPOSITION M Burial 2 Cremation 3 Ris Donation 5 Other (Specify)	2	ob. PLACE AND DATE (OF OISPOSITION	(Name	DATE	20c LOCATION — C	Ity or Town,		
23. PARTY. Enter the diseases, of ahock, or heart fallur	Turene		74		ir Rd. I	Balto.,Md		Approximata Interval Betwo	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF)	:	uus	1				
PART II. <u>Other</u> <u>algnificant</u> condit	tiona contributing to death	but not resulting in	the underlyin	g cause given ir	- 1	WAS AN AUTOPSY PERFORMED? YES 2 NO	AM CO OF	RE AUTOPSY FINDI ALABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (C	heck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Spe	ocify)			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIB	E HOW INJURY OCC	URED		
2 Accident Investigation 3 Suicide 6 Could not datarmined	28e. PLACE OF INJU	RY — At home, farm, st pecify)			281. LOCATION City or Tow	(Street and Number ovn, State)	or Rural Rout	e Number,	
cond only	IYSICIAN: To the best of my known the second my known the basis of examinar							nd menner as state	
296. SIGNATURE AND TITLE OF CERTIFICATION	FIER Romus	M.	D .	29c. LICENSE NU	MBER 782	29d. DATE	SIGNED (M	onth, Day, Year)	
30. NAME AND ADDRESS OF PERSON ERLANDO	POMERO	DEATH (ITEM 27) (Type,		nesl	Hos	pital.			
31. DATE FILED (Month, Dayl Welf 1	John Devidson	Mandalle	0	\		4			



3. TIME OF DEATH 6:12 AM

Approximate Interval Between Onset and Death

FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

JAN 07 1992

BERTHA

1. DECEDENT'S NAME (First, Middle, Last)

L OUISE

BRYAN

	SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	rs. last birthday)			IF UNDER 2		DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreig
	212-03-8187	1 🗆 M 2 🛱 F	79	9 YRS.	MONTHS	DAYS	HOURS		(Month, Dey, Year) 2-23-12		Country)	INIA
9	a. FACILITY NAME (If not institution, give	street and number)	eet and number)		9b. CITY, TOWN OR LOCATION OF DEATH							
	NORTH ARUNDEL HO	OSPITAL A	TION	GLEN BURNIE A.A. COUNTY								
i ii	Da. STATE 10b. COUN	TY		10c. CIT	TY, TOWN	OR LOCAT	TION				10	Dd. INSIDE CITY
Ē 1	MARYLAND ANNE	ARUNDEL		PA	ASADE	NA						LIMITS?
A 10	De. STREET AND NUMBER						f. ZIP CODE			10a. CITIZ		AT COUNTRY?
FUNERAL	1476 THIES DR. 21122 U.S.											
5 11	I. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S	S. ARMED	13.			HISPANIC O	BIGIN? (Specify Ve.			- American Indian,
3	Never Married 2 Married XWidowed 4 Divorced	YES 2	YES 2 ZNO If yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 ZNO Specify: Specify:							White, etc.		
	15. DECEDENT'S ED (Specify only highest grad	UCATION te completed			USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/INDL		HILE
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of work done during life, Do NOT use retired.)		during mo	I most of working					
E L	5	O SALES CLERK						S.S. KRESGE CO.				
17 To 17	. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME (F	irst, Middle, Maiden				
W 1	AUGUSTA BRYAN			MARYANN GREEN								
	e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a			Number, City or Tow	n State Zin (Code1	
2	PAUL W. STILES	II							NA, MD 2			
20	METHOD OF DISPOSITION		20b. PLA	CEANDDATE						CATION - C	ltu or Town	State
	Buriel 2 □ Cremation 3 □ Red Donation 5 □ Other (Specify)	cemetery	v. crematory or o	ther place)			1					
21	22. NAME AND ADDRESS OF FACILITY									RNIE	, MD	
	SINGLETON FUNERAL HOME											
_	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximately a specific property and the property arrest arrest and the property arrest arrest and the property arrest arrest and the property arrest arre											
ATI	disease or condition resulting in death) B. Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
正一	AUSE (Disease or injury nat initiated events esulting in death) LAST	d.	(OR AS A CON	NSEQUENCE OF	r):							
DICAL C	ART ii. Other significant condition	na contributing to	death but no	ot resulting	in the un	derlying	g cause giv	en in Part	PERFOR	MED?	AM	ERE AUTOPSY FINDI AILABLE PRIOR TO EMPLETION OF CAUS
¥									1 🗌 YES 2	□ NO	OF	DEATH?
Ä Z	WW 0.000 0.000 0.000											
<u>□</u>	. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only one) HOSPITAL:										
- X	1 YES 2 NO	1 Inpstiant 2	ER/Outpatient	t 3 🗆 DOA	OTHER		e 5 🗆 Rasio	fence 6 🗆	Other (Specify)			
	MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		8a. DATE OF INJURY 26b. TIM					28d. DESCRIBE HOW INJURY OCCURED				
9	3 Suicide 6 Could not be datermined	26a. PLACE O building,	F INJURY — At etc. (Specify)	At home, term, street, factory, office			281.	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	(Check only one)	SICIAN: To the best of	my knowledge	, desth occurre	ed at the ti	me, date	end place, er	nd due to the	cause(a) and men	ner ae stated		
8	2 MEDICAL EXAMIN		xemination and	l/or investigatio	n, In my o	olnion, de	eath occured	at the time,	date and place, and	d due to the	ceuse(a) an	d manner aa stat
29t	SIGNATURE AND TITLE OF CERTIFIE	R	1		^	5	29c. LICENS		0	29d. DATE	SIGNED (M	onth, Day, Year)
			X	~		1		DIA	508	Pa/	_ 7	2-02
2 30.	NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type.	Reint)					0/		, -) 2
	CHARLES WU, M.D	./1600 CR	AZN HI	GHWAY,	S.W.	#30	06/GLE	EN BUE	RNIE, MA	RYLANI	210	61 '

32. REGISTRAR'S SIGNATURE

ia Davidson-Randelle

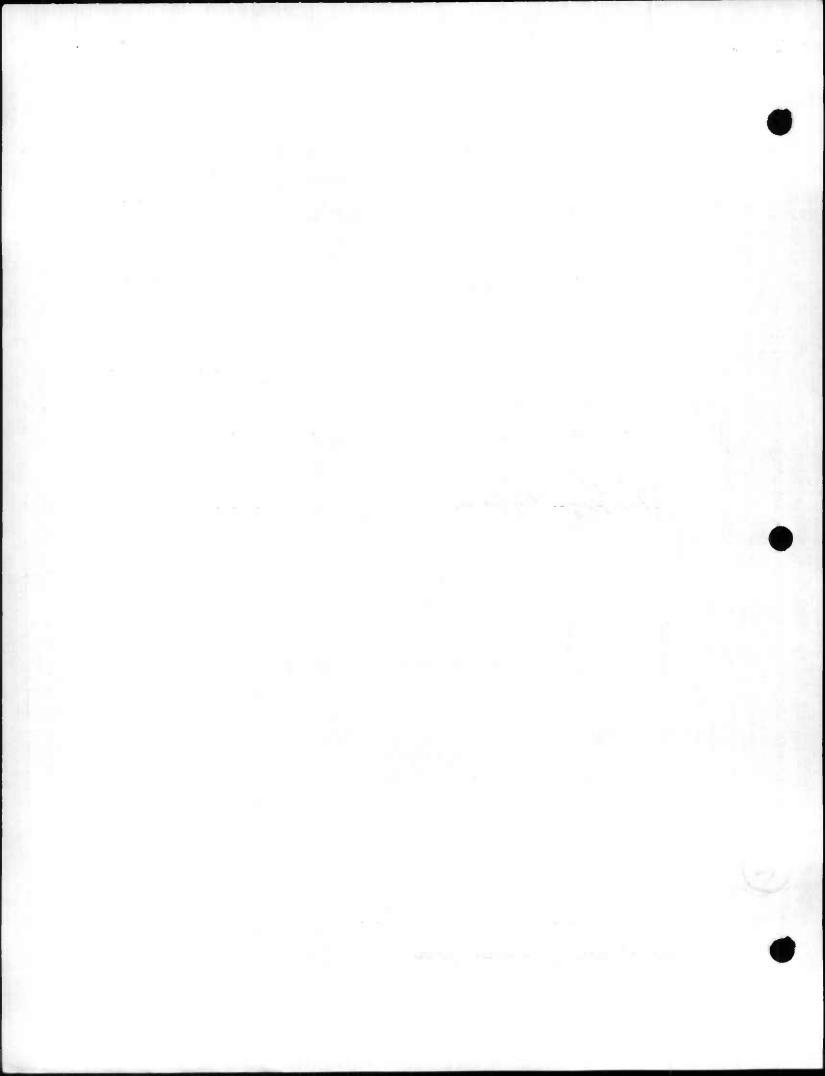
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STILES

2. DATE OF DEATH

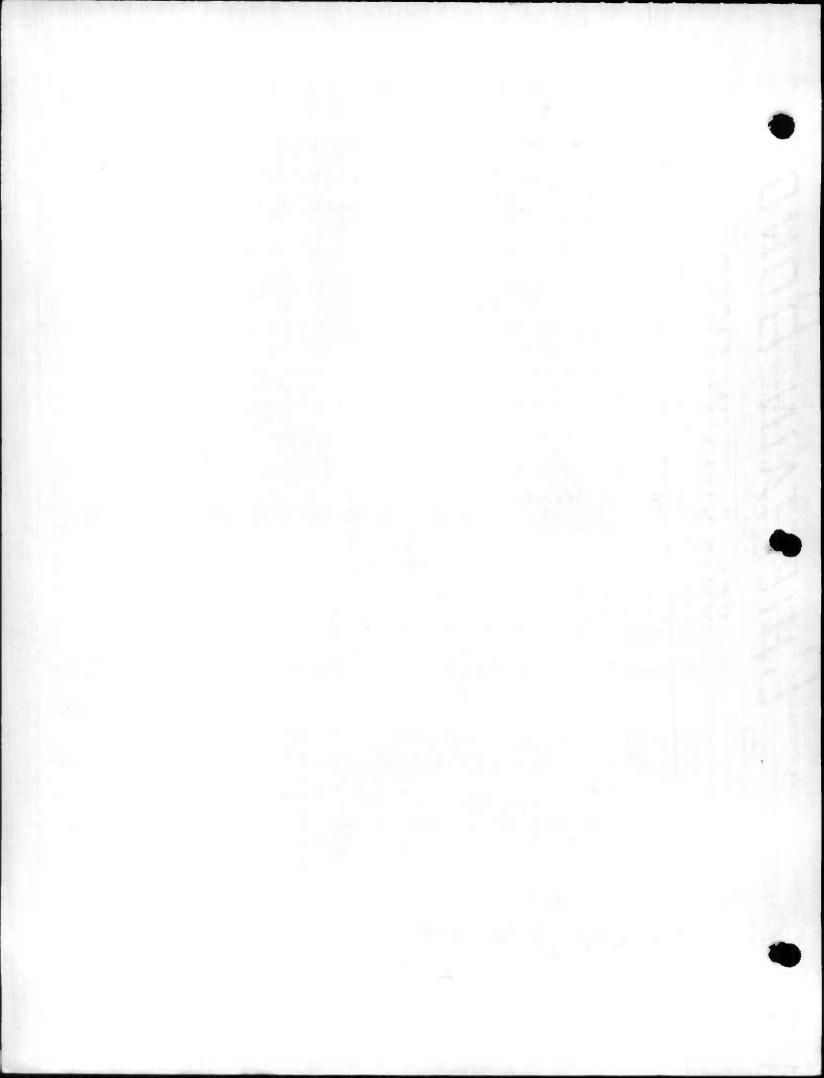
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DHMH-16 Rev 1/89



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D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	,	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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mpletel	e flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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1. DECEOENT'S NAME (First, Middle. Last)					DEATH	REG.			
	Woodrow Wil	son Sca	les			2. DATE OF DEATH	DAY	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 244-14-6895	5. SEX 8. A	GE (In yrs. last birth	res. Months	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Aug. 5, 191)	BIRTHPLACE (State or Foreign Country) Virginia	
9a. FACILITY NAME (If not institution, give s	Hospit	. 4 . /			CITY, TOWN OR LOCATION OF DEAT		9c. COUN	TY OF DEATH	
RESIDENCE OF DECEDENT			Towson Md			DH	BALTIMORE		
Md.	Υ	10		ry, town or Location altimore			1 (
3826 Ayres Court				101. ZIP CODE 21236			10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell f yes, specify Cuben, Maxicen, Puerto Rican, atc.) 1 YES 2 NO Specify: X			Yea or No—	e or No— 14. RACE — American Indien, Black, White, etc. Specify: White		
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give ki	ENT'S USUAL (ind of work done NOT use retired.)	during ma	N st of working	18b. KIND OF	BUSINESS/INDU	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		intenanc		ervisor				
17. FATHER'S NAME (First, Middle, Last) Alfred Scales					Nora N				
190. INFORMANT'S NAME (Typo/Print) Margaret Scales		19b. MA	B26 Ayre	S (Street a	rt Baltim	Proute Number, City or Ore, Marylar	nd 21236	Code)	
20s. METHOD OF DISPOSITION 1	noval from State	other place) Parkwood			netery, crematory or 1992			City or Town, State, Maryland	
21. SIGNATURE OF FUNERAL SERVICE LI					nd J. Ruc		Harford	Road 21214	
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	AS A CONSEQUEN							
PART II. Other significant condition	d. ns contributing to dee	th but not resu	iting in the u	nderlyin	g cause given i		S AN AUTOPSY FORMED S 2 HO	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 THO	
					ACE OF DEATH (Check only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL .								
	HOSPITAL: 1 Simpetient 2 ER/			rsing Hon		8 Other (Specify)	OW INJURY OCC	CURED	
EXAMINER? 1 YES 2 446 27. MANNER OF DEATH 1 Netural 5 Pending	1 mpetient 2 ER/ 28e. DATE OF INJL (Month, Day, Ye	IRY 28	DOA 4 No	28c. IN.	URY AT	8 Other (Specify) 28d. DE\$CRIBE HO	OW INJURY OCC	CURED	
EXAMINER? 1 YES 2 440 27. MANNER OF DEATH 1 Netural 5 Pending	1 28e. DATE OF INJU	JRY 28 JURY — At home,	DOA 4 No	28c. IN. WC	URY AT IRK? YES 2 NO	28d. DESCRIBE HO	est end Number	Or Rural Route Number,	
EXAMINER? 1 VES 2 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide s Could not be determined 29e. CERTIFIER (Check only)	28a. DATE OF INJU (Month, Dey. Ye 28a. PLACE OF IN. building, etc. inclans: To the best of my inclans:	IURY — At home, (Specify)	DOA 4 No. No. TIME OF INJURY M farm, street, fa	28c. IN. 28c. IN. 1 ctory, office	URY AT PRK? YES 2 NO	281. LOCATION (Str. City or Town, S	eet end Number tate)	or Rural Route Number,	
EXAMINER? 1 VES 2 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide s Could not be determined 29e. CERTIFIER (Check only)	28e. PLACE OF INJUINED BY SER. On the basis of examin	IURY — At home, (Specify)	DOA 4 No. No. TIME OF INJURY M farm, street, fa	28c. IN. 28c. IN. 1 ctory, office	URY AT PRK? YES 2 NO	281. LOCATION (Standard or Rown, Standard or Row	menner as state	or Rural Route Number,	
EXAMINER? 1 YES 2 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CETTIFIER (Check only one) 2 MEDICAL EXAMINI	28e. PLACE OF INJ. (Month, Dey. Ye 28e. PLACE OF IN. building, etc. (Month) ER: On the basis of examination	URY — At home, (Specify) tinowledge, death of nation end/or investigation and the control of th	DOA 4 No. No. TIME OF INJURY M farm, street, fa occurred at the atigation, in my	28c. IN. 28c. IN. 1 ctory, office	URY AT RK? 2 NO e end place, end deleath occured at ti	281. LOCATION (Standard or Rown, Standard or Row	menner as state	or Rural Route Number, ed. e cause(s) and manner ee state	

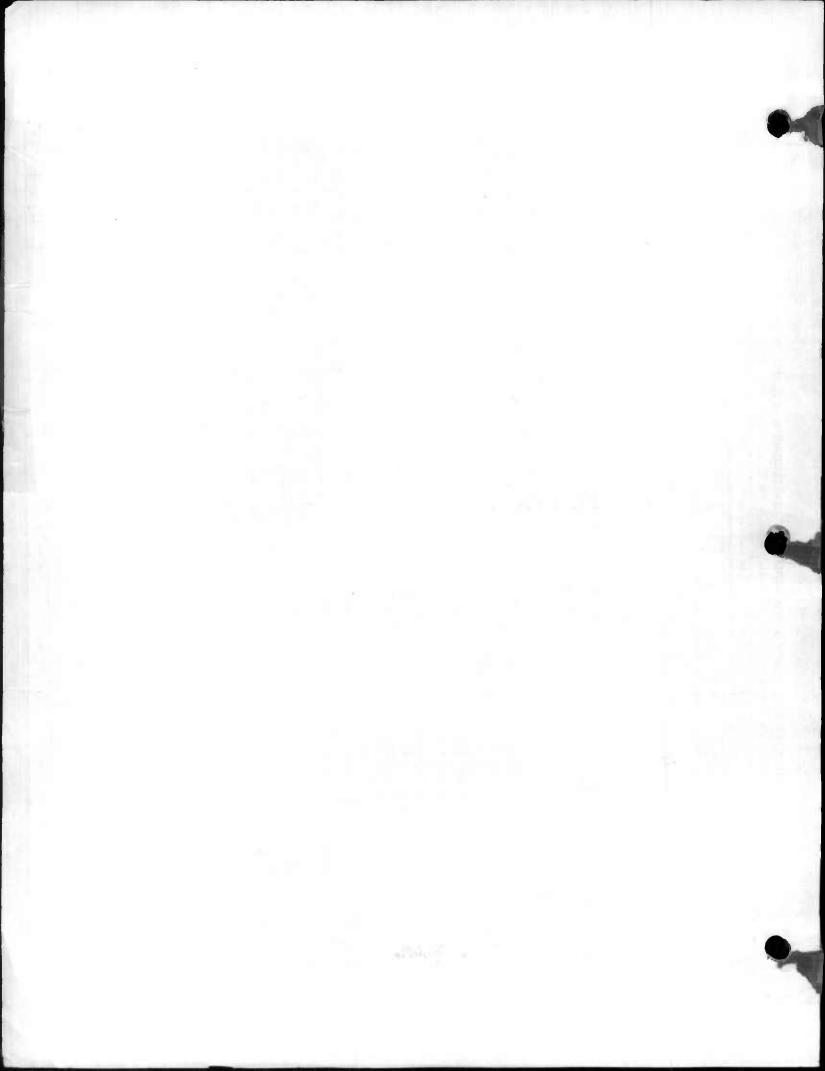


DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH ANI	MENTAL HYGI							
1. DECEDENT'S NAME (First, Middle, Last) PORIS SZYMA				2. DATE OF DEATH	н	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 218-26-5706	5. SEX 6. AGE (In 59		UNDER 1 YEAR IF UNDER 24 HRS	44. M. D. M.	8.	BIRTHPLACE (State or Foreign Country) NTUCKY					
	PA. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL CORP. 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY										
CHURCH HOSPIT RESIDENCE OF DECEDENT 10a. STATE MARYLAND	ry		IMORE	· · · · · · · · · · · · · · · · · · ·		10d. INSIDE CITY LIMITS? 1 XYES 2 NO					
106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WI 2 12 24 USA 11. MARITAL STATUS 12. WAS DECEMBENT EVER IN U.S. ARMED FORCES? 1 VES 2 XNO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE Black,											
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Max 1 YES 2 NO Specific No. Specif	rican, Puarto Rican, etc.	Yes or No — 14.	RACE — American Indian, Black, White, etc. Specify:					
15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12 YEARS 17. FATNER'S NAME (First, Middle, Last)	JCATION le completed) College (1-4 or 5+)	tite. DECEDENT'S USU (Give kind of work lite. Do NOT use re HOMEMA	done during most of working ired.)	16b. KIND OF	BUSINESS/INOUS						
<u> </u>	PEVLOR			NAME (First, Middle, Mei ADKINSON	iden Surname)						
MR. ALBERT SZY		811 S.		UE BALTO	., MARY	/LAND 21224					
20a. METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		tely, crematoly er other	Stace)	1-6 BA	LOCATION — CITY						
21. SANIATURE OF FUNERAL SERVICE L	CENSEE	Sii	22. NAME AND ACCRESS OF KACZOROWSK 2525 FLEET			MD. 21224					
23. PART I. Enter the diseases, or sheek, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Oue TO (OR AS A C	consequence of:	E Lung ?			, Approximata interval Between Onset end Death					
PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	na contributing to deeth bu	t not resulting in ti	ne underlying couse given	PER	S AN AUTOPSY IFORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINED A	HOSPITAL:		26. PLACE OF DEATH								
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Nome 5 Resident 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NO	OW INJURY OCCUR	ED					
	28a. PLACE OF INJURY - building, etc. (Specif	— At home, term, stree	t, factory, office	281. LOCATION (Str City or Town, S		Rural Route Number,					
	SICIAN: To the best of my knowle ER: On the basis of examination					nuse(s) and manner as stated.					
296 SIGNATURE AND TITLE OF CERTIFIE	Par H.	0.	29c. LICENSE I	NUMBER SG	29d. OATE SI	GNED (Month, Day, Year)					
WKINARRI	NO COMPLETED CAUSE OF DEAT	moodee	ay Back	40 2	21231						
JAN 07 1992	32 REGISTRAR'S SIGNAL Fisher Davidson										

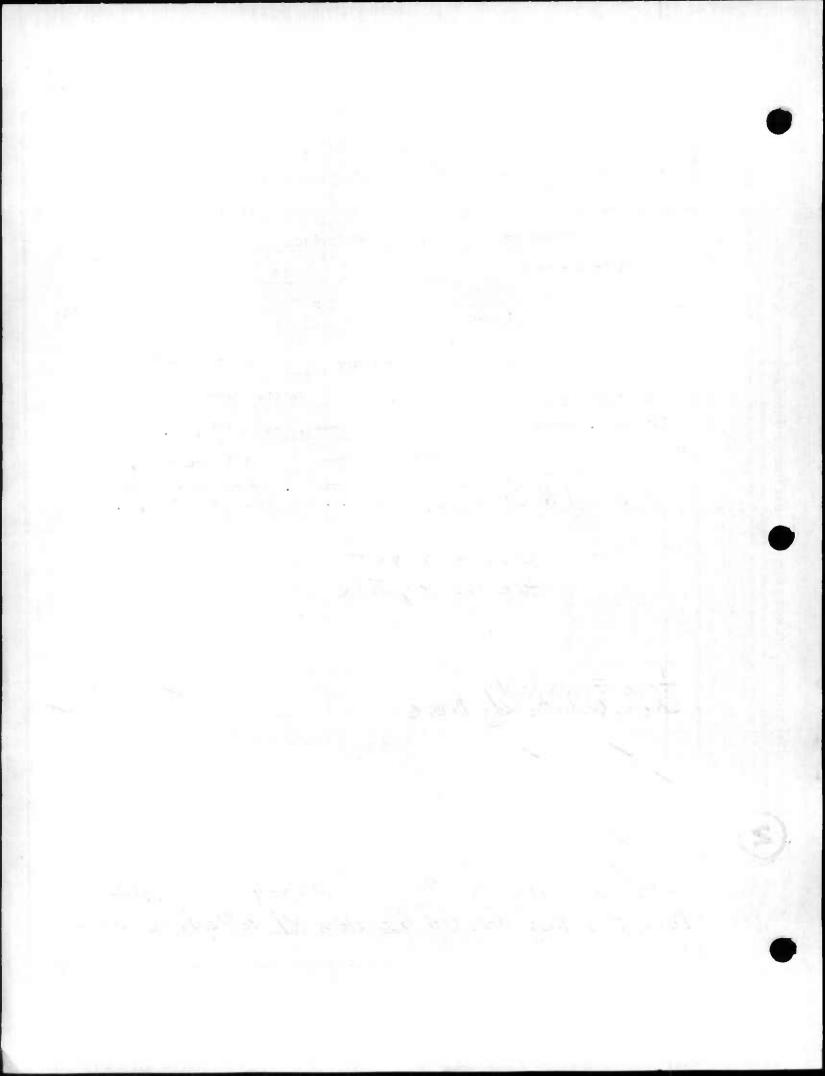




BALTIMORE, MARYLAND 21215-0020

- IMPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be first within a comment with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNDAMENTAL AND THE PROPERTY AND THE ACCOUNTS AND THE ACCOUNTS AND THE FUNDAMENTAL OF THE FUNDAMENT O
TO THE MASS THAT MANNES PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos
BALTIMORE, MARYLANI

	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR	TMEN'	OF H	DEAT	AND N	MENTAL	HYGIEN REG. NO		J Com	00210
	1. DECEDENT'S NAME (First, Middle, Las	31)							2. DATE C	F DEATN			3. TIME OF DEATH
	Andrew M. Tho	mas							. 0.1	-01-j	992	YEAR	3:44 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER		IF UNDER	24 HRS.	7 DATE O	E BIRTH		BIRTHE	PLACE (State or Foreign
	578-03-2736 9a. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	7 73	YRS.	MONTHS	DAYS	HOURS	MIN.	04	Day, Year) 1-06-1	.918	Country	aryland
OR	Montgomery Gen	eral Hospi	tal		1	01ne	P LOCATION	ON OF OE	ATN		9c. COUNT		omery
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COU												
FUNERAL DIRECTOR		ntgomery			ilve		ring						10d. INSIDE CITY LIMITS? 1XXYES 2 NO
AL	10e. STREET AND NUMBER						. ZIP CODE		-		10g. CITIZI		HAT COUNTRY?
ER	15907 Attleboro	Road					20	904			τ	SA	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W 1942	TEVER IN U.S. AR THE YES 2 N AR OR DATES	MED 10		If yes, spi	ENDENT O	ı, Maxican	, Puarto Ri	(Specify Yes		4. RACE	- American Indian, White, atc.
G	15, DECEDENT'S E	DUCATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO)N		16b. I	CIND OF BUS	INESS/INDU	STRY	
E	(Specify only highest gra	College (1-4 or 5+	(Gi	ive kind of a Do NOT us	work done se retired.)	during mo	st of working	9			MILOO/IIIDO	31111	
COMPLETED	6	O		Ca	rpen	ter			C	onstr	uctio	n	
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	AE (First, Mil	ddle, Maiden	Surname)		
BE	Blair Thomas								е Но				
5	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Streef a					n, State, Zip C	ode)	
	Mitchell B. Th	omas		5 Ch	urch	Str	eet,	Broo	okevi	lle,	Md. 2	0833	
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	206. PLACE A	AND DATE	OF DISPOS	ITION /Na	me of		DATE	20c. LO	CATION - CI	ly or Tow	rn, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE O	101.	TET CO W.			O ADDRES	S OF FAC	1/3	Roc	KV111	e, M	aryland
	+mund	1/ R.	1	,		Mur:	reTF	i. Ba	ırber	Fune	ral H	ome	
	23. PART I. Enter the disesses, o	N. Bar	ver			P.O.	. Box	503	38, La	ytons	ville	Md.	20882
CERTIFICATION	shock, or heert fallure immediate or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Codos DUE TO (OR AS A CONSECUTION AS	DUENCE OF	tan	L							Interval Between Onset and Death
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not reculting in the underlying cause given in Pert I. 24s. WAS AN AL PERFORM 1 YES 2									MED?	0	WARE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY I YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATN (Chec	k only one)				
PHYSICIAN:	1 NES 2 NO	1 Pinpatlant 2	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Res	idence 6	Other (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF I (Month, Day		28b. TIM	E OF URY	28c. INJU	JRY AT		28d. DESCI	RIBE HOW IN	JURY OCCU	RED	
B	2 Accident Investigation			1	М		ES 2 🗌	NO					
	3 Suicide 8 Could not be datarmined	28e. PLACE OF building, a	INJURY — At hor tc. (Specify)	ne, ferm, s	treet, facto	ory, office			281. LOCAT City or	ION (Street as Town, State)	nd Number or	Rural Ro	ute Number,
BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 0 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIFIE	SICIAN: To the best of n	ny knowledge, des	nveatigatio	n, in my o	me, data o	and place, eath occurs 29c. LICE	d at the th	me, data ar	r(a) and man	due to the	euse(a)	and manner as stated. Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE	OF OEATH (ITEM	16		1	12 /	2/	Ro V	Ka al	mo	7-2-	0.81/2
	31. DATE FILED (Mohin, Day, Year)	32. REGISTRAR	SIGNATURE	VE	Josep E	104	0 1	0.	VIC /	JEY C/	500	al (0314
	14N U / 1992 94	the Devidson-V	A PARTIE AND AND AND AND AND AND AND AND AND AND										



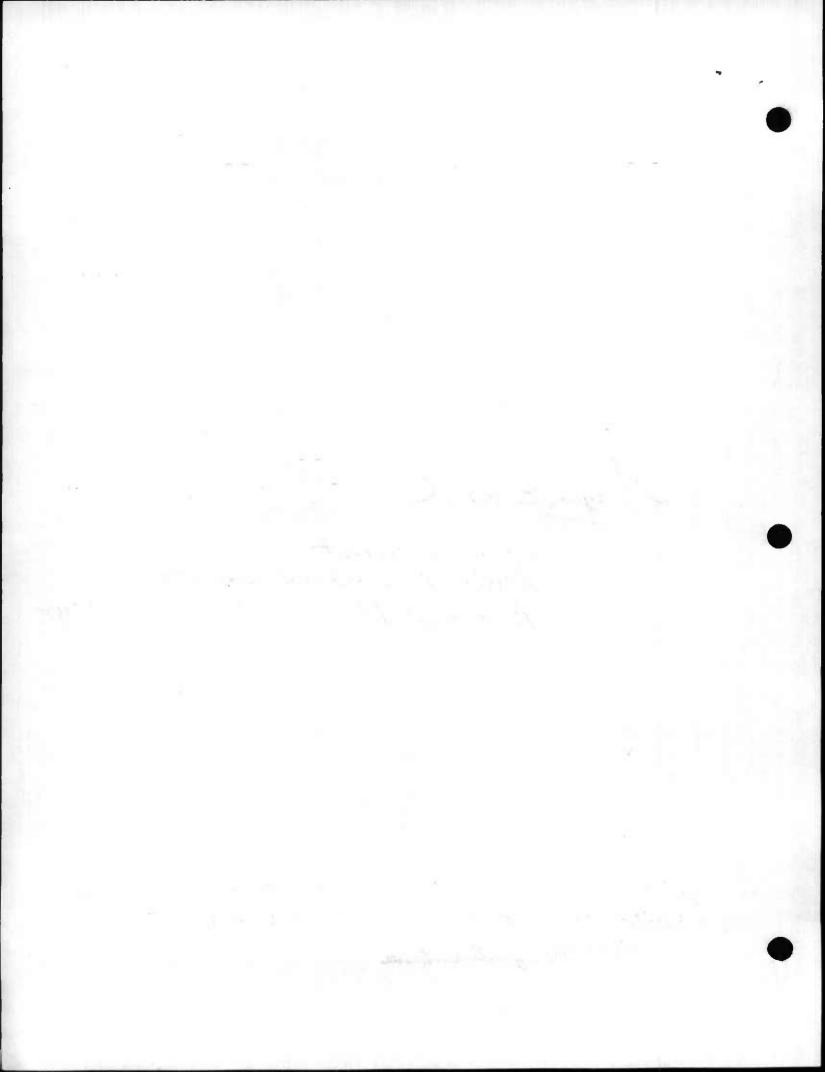
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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	1. DECEDENT'S NAME (First, Middle, Last		LD ROBEI	RT VA	NCE				2. DATE OF DEATH	5° 19	92 YEAR	3. TIME OF OEATN
	4. SOCIAL SECURITY NUMBER 215-52-1326	5. SEX	6. AGE (In yrs. Is	at birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-9-1948		8. BIRTHE	LAND
CTOR	90. FACILITY NAME (If not institution, give DORCHESTER GENE RESIDENCE OF DECEMENT		TAL		9b. CITY		OR LOCATI			9c. COU	NTY OF DE	
DIREC	10e. STATE 10b. COUN	ALTIMORE		10c. CIT	TY, TOWN C	R LOCAT		EMER	E			10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 2513 WELSH AVEN					101	f. ZIP COD	e 2121	9	10g. CITI		S.A.
B	11. MARITAL STATUS 1 Never Married Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2X	NEO NO		yes, sp		n, Mexice	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No	14. RACE Black, Specify	American Indian, White, etc.
APLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1 2TH GRADE	College (1-4 or 5	+) (C	live kind of a Do NOT u	Work done of se retired.)	uring mo	ON ost of working	ng	166. KINO OF BU			
BE COMPL	17. FATNER'S NAME (First, Middle, Lest) EDWARD VANCE						M	ARY	ME (First, Middle, Maiden ANN DOMIC(Surname)		, com
10	VALERIE C. VANCE			2513	WELS	AV	'ENUE		LTIMORE, A		AND	21219
	1 X Burtal 2 Cremation 3 Red 4 Donation 5 Gher (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		BEL ^{tery} A	ROME			1-6- RUCK			AIR	. MAR	YLAND
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. A Cu DUE TO	(OR AS A CONSE	OUENCE OF	oca D	S	Ea	Q	africa	tan		104
MEDICAL C	PART II. Other algorificant condition	na contributing to	death but not	reaulting	in tha un	leriying	g cause g	ilvan in	Part I. 24e. WAS AN PERFOF	MED?	6	VERE AUTOPSY FINDS WAILABLE PRIOR TO COMPLETION OF CAU OF GEATN?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER				ck only one) 8 Other (Specify)			
H	27. MANNER OF OEATN 1 Netural 5 Pending	28e. OATE OF (Month, D.		28b. TIM INJ	-	28c. INJI WO			28d. DESCRIBE NOW I	NJURY OCC	CURED	
ВУР	2 Accident Investigation							$\overline{}$				
ETED BY P	3 Suicide 8 Could not be datermined	ounding,	F INJURY — At he atc. (Specify)						281. LOCATION (Street a City or Town, State)			ite Number,
COMPLETED BY P	3 Suicide 4 Nomicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of ER: On the bests of ea	my knowledge, de	ath occurre	ed at the th	ne, date	end piece,	ed at the	City or lown, State) to the cause(e) end mer	oner ee stele	ed, e ceuse(e) e	and manner es state
D BE COMPLETED BY P	3 Suicide 4 Nomicide 8 Could not be determined 29e. CERTIFIER (Check only)	SICIAN: To the best of exercises of exercise	my knowledge, de	ath occurre	ed at the til	ne, date	end piece, eath occur 29c. LICE	NSE NUM	City or lown, State) to the cause(e) end mer	oner ee stele	ed, e ceuse(e) e	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DALLIMONE, MARILAND ZIZIS-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	her traumatic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAR	STATE OF MA				HEALTH AN	ID MEN	TAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)	1	LEROY					en 2,	992	3. TIME 2:0	OF DEATH
4. SOCIAL SECURITY NUMBER 220-03-8337	1 💢 M 2 🗆 F	AGE (In yrs. les	YRS.	UNDER 1 YEAR	IF UNDER 24 HI HOURS MY	n. De	ATE OF BIRTH Month, Day, Year) CC. 18,		l BIRTHPLACE (Grand Colombia
94. FACILITY NAME (If not institution, give s 318 Broadmoor			91		Baltimo		City	9c. COUNT	Y OF DEATH	
10a. STATE 10b. COUNT Maryland	Υ			own on Loca	rion e City				, J.IA	BIDE CITY AITS? ES 2 NO
318 Broadmoor Rd				10	2121	2		10g. CITIZE	USA	UNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X UF XES, GIXE WAS U.S. COAS	VER IN U.S. AR VES 2 N OR DATES	,q	If you, ap	ENDENT OF HIS ecity Cuben, Ma 2 NO S	ixican, Pue	NGIN? (Specify Yearlo Rican, atc.)	e or No—	4. RACE — Amer Black, White, Specify:	hite
15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 12 Years	JCATION o completed) College (1-4 or 5+)	(G	ive kind of work Do NOT use re	UAL OCCUPATION done during method.)	st of working			Drug /	STRY	tration
William Henry Wa	ırd				An	na 01	rst, Middle, Maiden Livia Tu	111		
Mark H. Ward			30 War		nor Co	urt,	COCKEYS	ville	Md. 2	
1 Burlei 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 1 21. SIGNATURE OF FUNERAL SERVICE LIC				Tey Me	m. Gdn	s. 1/	/6/92 Ti	monium	n, Md.	
Sames F. Bu	irnside, Jr			6500	York	Rd. E	feld Hon Baltimor	e, Md.	2121	2
23. PART I. Enter the diseesea, or chock, or heert failure. IMMEDIATE CAUSE (Final diseese or condition resulting in death)	a. Due to (or	on each line	mor	ale					in Or	oproximate terval Between neet and Death Z y 1
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Emphysican and in fersh idial lung disease 10 yr. CLigarette smoke and, possibly, for DUE TO (OR AS A CONSEQUENCE OF): CLigarette smoke and, possibly, for DUE TO (OR AS A CONSEQUENCE OF): CLigarette smoke and, possibly, for DUE TO (OR AS A CONSEQUENCE OF): CLigarette smoke and, possibly, for DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algnificent condition Depuss		oth but not re	eaulting in t	he underlyin	g cauae given	in Pert i	24a. WAS AN PERFO	RMED?	AVAILABI COMPLE OF DEAT	TOPSY FINDINGS LE PRIOR TO TIDN OF CAUSE H? S 2 \(\text{NO} \)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3		THER:	ACE OF DEATH					
27. MANNED OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJI (Month, Day, Y	bar)	28b. TIME O	M 1 🗆	RK? (ES 2 NO		DESCRIBE HOW			
3 Suicide 6 Could not be determined	28a. PLACE OF IN building, atc.	(эрвспу)				<u> </u>	LOCATION (Street City or Town, State)			ber,
(Check only 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	R: On the beels of exami	knowledga, der nation and/or i	ith occurred a	the time, date my opinion, d	and place, and eath occured at	due to the	cause(a) and mai	nner as stated.	ause(a) and mar	Wer as stated,
296. SIGNATURE AND TITLE OF CERTAFIER JOHN ST. NAME AND ADDRESS OF PERSON WHO	Steme	~	Md		D38	,	3	29d. DATE S	IGNED (Month, D)ay, Year) }-/-2-
Howard Steiner		01 Loc			. Balt	imor	e, Md.	21239		

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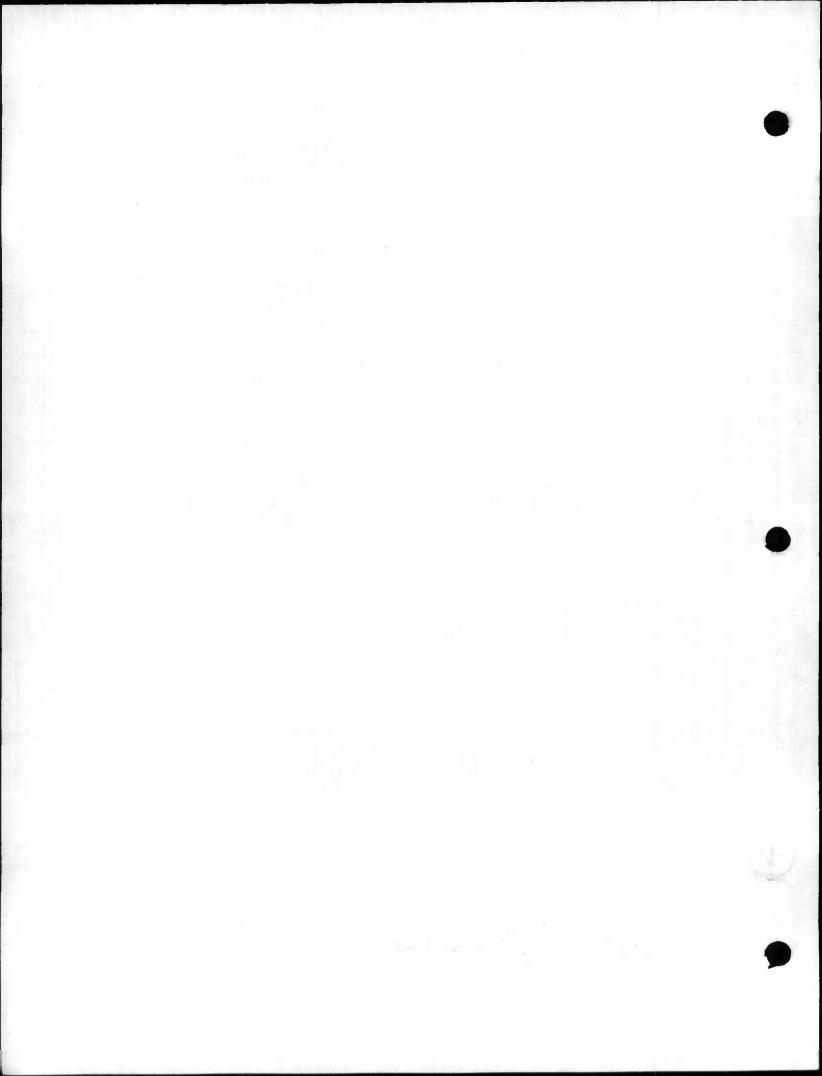
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D THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burian the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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Ruth L. Westervelt 1 50 92 10:02 F 1. Social Security number in the second of the sec		1. DECEDENT'S NAME (First, M	Aiddle, Last))							2. DATE OF	REG. NO		-	3. TIME OF DEATH
219—38 9-650 M XXX X		Ruth	I			West	terv	elt				D	AY		
219—38—9650 II W YORK 72 VIRE WORTH ON THE COUNTY OF DEATH So COUNTY OF DEATH So COUNTY OF DEATH SO CO			R	5. SEX	6. AGE (II		irthday) IF	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIOTH		6. BIRTH	PLACE (State or For
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ALTIMOR	death. Page 6 ma	funeral director, p	examiner must
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N OF VITA	PHYSICIAN: The	n with the State	arked, or Item
DIVISION	L O ATTENDING	DIRECTOR After hours after deat	item 28 is m
1	TO THE HOST OF	TO THE MICHIETTA The filed within 72	IMPORTANT: #

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT	IT OF HEALTH AND	MENTAL HYGIENE REG. NO.	92 00222				
	1. DECEDENT'S NAME (First, Middle, Lest) VIRGINIA L	VIRGINIA L.	(WILKEN	S)	2. DATE OF DEATH	9 YEAR 10:10 AM M				
	4. SOCIAL SECURITY NUMBER 218-28-9079	1 🗆 M 2 💢 F	6 O YRS. IF UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 11 - 31	8. BIRTHPLACE (State or Foreign Country)				
TOR	90. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY BESIDENCE OF DECEMENT									
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION IMORE		10d. INSIDE CITY LIMITS? 1 (X) YES 2 \sum NO				
FUNERAL	3913 EDNOR ROAD			10f. ZIP CODE 21218		10g. CITIZEN OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Merried 2 💢 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	V NO	I. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec		or No- 14. RACE — American Indian, Black, White, atc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION 18e completed) College (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	a during most of working	16b. KIND OF BUSIN					
MPL	17. FATHER'S NAME (First, Middle, Last)	2 yrs.	LAB TECH.		WESTINGH					
BE CC	ROBERT MALLORY			LUCILL						
10	JOHN WILKENS		3913 EDNO	SS (Street and Number of Russ) R ROAD/BALT	IMORE, CMD 1021	Stare Zio Code)				
	20s. METHOD OF DISPOSITION 1	val from State cometers ME TI	RO CREMATO			NSVILLE, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Gad	W		H./1101 E.	NORTH AVENUE				
Z	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ist only one couse on eech	eatre	Cancel	ch as cardiac or respira	Interval Between				
CERTIFICATION	Sequentielly liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON								
	PART II. Other significant conditions	contributing to death but n	ot regulting in the	adadulas sauce alum l	8-11					
PHYSICIAN: MEDICAL			ot resulting in the u	riveriying cause given in	Part I. 24a. WAS AN AL PERFORMI	ED? AVAILABLE PRIOR TO				
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	heck only one)					
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	rsing Home 5 Residence	6 Other (Specify) 28d. OESCRIBE HOW INJ	URY OCCUREO				
ВУ	Natural 5 Pending 2 Accident Investigation		INJURY M	WORK?						
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	t home, farm, street, fee	tory, office	28f. LOCATION (Street end City or Town, State)	1 Number or Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	IAN: To the best of my knowledge, On the beele of examination and	, death occurred at the for investigation, in my	time, date end piece, end du opinion, death occured at the	e to the ceuse(e) end menne e time, date end piece, end d	or ee stated, due to the ceuse(e) end menner ee stated,				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Soly 1	7.0.	29c. LICENSE NU		29d. DATE SIGNED (Month, Day, Year)				
	30. NAME AND ACCRESS OF PERSON WHO MAYER GORBATY, M	.D./95 AQUAHAR	TEM 27) (Type, Print) TROAD, #	203/GLEN BUR	NIE, MARYLAI	ND 21061				
	JAN 07 1992	32. BEGINTRAPIS SIGNATURI JUNA HAVILLON	Pandell.							



TOR ATE THE CENTRICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per centricate man the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	1 21 11		2. DATE OF DEATH MONTH DAY Y	3. TIME OF DEATH
0	Leonard	G. Wyatt			2 423 A M
400 747*		5. SEX 6. AGE (In yrs. last birthd	(ay) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 8. (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
14/5	2/2-20-3480	LAM 2 F OS YR	S. MONTHS DAYS HOURS MIN.	5-7-26	MD.
A AMEDIA	9a. FACILITY NAME (If not institution, give stre		9b. CITY, TOWN OR LOCATION OF D	EATH 9c. COUNTY	OF DEATH
5	LEVIN DAL'	ENIH	BALTIMO	DRE	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		OUTY TOUR OR LOCATION		Las moins oran
	4.0	I	CITY, TOWN OR LOCATION	inte	10d. INSIDE CITY
			A HTMUNU, C	11)	1 YES 2 NO
A	1551 NORTH	bourne Rd		- 11	N OF WHAT COUNTRY?
FUNERAL			2/239		0,71
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	If yes, specify Cuban, Maxic	The state of the s	Black White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 YES 2 ATO Speci	ly:	Specify: BACK
2	15. DECEDENT'S EDUCA	ITION 16a. DECEDEN	IT'S USUAL OCCUPATION	166. KIND OF BUSINESS/INDUS	TRY
	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+) (Give kind life. Do NO	of work done during most of working of use retired.)		
4	6th	SPARI	ROW POINT WOR	KER	
COMPL	17. FATHER'S NAME (First, Middle, List)	*		AME (First, Middle, Maiden Surname)	
BEC	Joseph (I VERY	ethe	el GROSS	
0 8	19a. INFORMANT'S NAME (Type/Print)	19b. MAIL	ING ADDRESS (Street and Number or Rural	Route Number, City or Jown, State, Zip Co	odel 2123,9
F	ChRISTINA	WYA44 155	7 North bours	ue Rd/BAltim	ioko, Md
	20a. METHOD OF DISPOSITION	20b. PLACE AND I	DATE OF DISPOSITION (Name	DATE 20c. LOCATION & City	y or Town, State
	4 Donation 6 Other (Specify)	GARRI	SON TORIST Vet	-, cem OWINGS	Mills, Md
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / / - / /	22, NAME AND ADDRESS OF F	ACILITY	
	· 1 anex37	~ (Dul	11m.C.MA	och 5/4 1101	E. North Ave
	23. PART I. Enter the diseases, or co shock, or heart failure. Li	emplications that caused the death. I list only one cause on each line.	Do not enter the mode of dying, su	ch as cardiac or reepiratory arrest	Interval Between
- 1	IMMEDIATE CAUSE (Final				Onset and Death
	disease or condition	1100 1 1 2 m 1	AS HENDY	TECH	The state of the s
	disease or condition resulting in death)	CARCWOMA DUE TO (OR AS A CONSEQUENCE		WECK	
,	disease or condition resulting in death)	CARCINO MA DUE TO (OR AS A CONSEQUENCE		WECK	
NOI	disease or condition resulting in death) Sequentially list conditions,		E OF):	WECK	
CATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE TO	E OF):	WECK	
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE TO	E OF):	WECK.	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE	E OF):	WECK	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE DU	E OF):		DAM WEST AUTODOM ENTRINGS
C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE DU	E OF):		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMMETCH OF CAME
C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE DU	E OF):	n Part I. 24s. WAS AN AUTOPSY	
C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE DU	E OF):	Part I. 24s. WAS AN AUTOPSY PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A CONSEQUENCE DU	E OF): E OF): Ing in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE COntributing to death but not result)	26. PLACE OF DEATH (C	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE COntributing to death but not result to the contributing to death but not result to the contributing to death but not result to the contributing to death but not result to the contributing to death but not result to the contributing to death but not result to the contribution to th	26. PLACE OF DEATH (COMMERCE) OTHER: A Marsing Home 5 Residence	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Check only one) a Other (Specify)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE COntributing to death but not result to the contributing to death but not result to the contributing to death but not result to the contributing to death but not result to the contributing to death but not result to the contributing to death but not result to the contribution to th	28. PLACE OF DEATH (C OTHER: A 4 Nursing Home 5 Residence TIME OF 28c. INJURY AT INJURY WORK?	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE CONTributing to death but not result to the second part of the	28. PLACE OF DEATH (C. D.A. 4 Nursing Home 5 Residence TIME OF INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Check only one) a Other (Specify) 28d. DESCRIBE HOW INJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE COntributing to death but not result to the second death but not result	28. PLACE OF DEATH (C. D.A. 4 Nursing Home 5 Residence TIME OF INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Check only one) a Other (Specify)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide a Could not be determined	DUE TO (OR AS A CONSEQUENCE DU	26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 27. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 29. PLACE OF DEATH (CO) 29. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 20. PLACE OF DEATH (CO) 21. PLACE OF DEATH (CO) 22. PLACE OF DEATH (CO) 23. PLACE OF DEATH (CO) 24. PLACE OF DEATH (CO) 25. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 27. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 29. PLACE OF DEATH (C	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Theck only one) a Other (Specify) 28d. DESCRIBE HOW INJURY OCCUI 28f. LOCATION (Street and Number or City or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE CONTributing to death but not result to the second process of the seco	26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 27. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 29. PLACE OF DEATH (C	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Check only one) a Other (Specify) 28d. DESCRIBE HOW INJURY OCCUI 28f. LOCATION (Street and Number or City or Nown, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide Could not be determined	DUE TO (OR AS A CONSEQUENCE DU	26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 27. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 29. PLACE OF DEATH (C	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Check only one) a Other (Specify) 28d. DESCRIBE HOW INJURY OCCUI 28f. LOCATION (Street and Number or City or Nown, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide Could not be determined	DUE TO (OR AS A CONSEQUENCE DU	28. PLACE OF DEATH (CDA) 28. PLACE OF DEATH (CDA) 28. PLACE OF DEATH (CDA) 28. PLACE OF DEATH (CDA) 28. PLACE OF DEATH (CDA) 28. PLACE OF DEATH (CDA) 29. PLACE OF DEATH	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Notheck only one) 26d. DESCRIBE HOW INJURY OCCUI 28f. LOCATION (Street and Number or City or Rown, State) 10 to the cause(a) and manner as stated to the cause (a) and place, and due to the cause (b) where the cause (c) and due to the cause (c) where the cause (d) and manner as stated to the cause (e) and place, and due to the cause (c) where the cause (d) and manner as stated to the cause (e) and place, and due to the cause (d) where the cause (e) and place (e) and due to the cause (e) and place (e) and due to the cause (e) and place (e) and due to the cause (AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated. SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONSEQUENCE DU	28. PLACE OF DEATH (C DA OTHER: NURY M 1 YES 2 NO Norm, street, factory, office 29. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 26. LICENSE NI 26. LICENSE NI 27. LICENSE NI 26. LICENSE NI 27. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUI 28d. LOCATION (Street and Number or City or Town, State) 10 to the cause(a) and manner as stated the time, data and place, and due to the county of the co	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated. SIGNED (Month, Day, Year)
BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR AS A CONSEQUENCE DU	28. PLACE OF DEATH (C DA OTHER: NURY M 1 YES 2 NO Norm, street, factory, office 29. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 25. LICENSE NI 26. LICENSE NI 26. LICENSE NI 27. LICENSE NI 26. LICENSE NI 27. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29. LICENSE NI 28. LICENSE NI 28. LICENSE NI 28. LICENSE NI 29	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUI 28d. LOCATION (Street and Number or City or Town, State) 10 to the cause(a) and manner as stated the time, data and place, and due to the county of the co	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated. SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONSEQUENCE DU	26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 27. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 29. PLACE OF DEATH (CO) 20. PLACE OF DEATH (C	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUI 28d. LOCATION (Street and Number or City or Town, State) 10 to the cause(a) and manner as stated the time, data and place, and due to the county of the co	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated. SIGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CONSEQUENCE DU	26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 26. PLACE OF DEATH (CO) 27. PLACE OF DEATH (CO) 28. PLACE OF DEATH (CO) 29. PLACE OF DEATH (CO) 20. PLACE OF DEATH (C	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Notheck only one) 26d. DESCRIBE HOW INJURY OCCUI 28f. LOCATION (Street and Number or City or Rown, State) 10 to the cause(a) and manner as stated to the cause (a) and place, and due to the cause (b) where the cause (c) and due to the cause (c) where the cause (d) and manner as stated to the cause (e) and place, and due to the cause (c) where the cause (d) and manner as stated to the cause (e) and place, and due to the cause (d) where the cause (e) and place (e) and due to the cause (e) and place (e) and due to the cause (e) and place (e) and due to the cause (AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated. SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3	FOR STATE REGISTRAR	STATE OF MA	RYLAND / D CEF	EPARTM	MENT OF I	IEALTH AND DEATH	MENTA	L HYGIEN	E	6.0	Sel Sept Base	lines 8
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DE	ATH
5	ALPHEUS			WHI	TE		0 1	04		92	9:45	A .M
	4. SOCIAL SECURITY NUMBER 226-20-2395	1 🕅 M 2 🗆 F	AGE (In yrs. lest bit		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) -21-24	1	BIRTH	Va.	Foreign
TOR	98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH											
L DIRECTOR	10e. STATE 10b. COUNT MD 10e. STREET AND NUMBER	Υ	-1		OWN OR LOCAL IMORE						10d. INSIDE CIT LIMITS? 1 YES 2	
FUNERAL	1232 DARLEY AVENUE 21218								-	S.	A.	
В	11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 V IF YES, GIVE WAR	VER IN U.S. ARMEI YES 2 NO OR DATES	D	If yes, sp	ecity Cuban, Maxic 2 NO Speci	an, Puerto	N? (Specify Yaa Rican, atc.)	or No.— 14	Special Specia	— American Inc t, White, atc.	llan,
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9th	CATION completed) College (1-4 or 5+)	(Give I	MPLOY	JAL OCCUPATE done during mo tired.)	ON ast of working	168	o. KIND OF BUS	INESS/INDUS	TRY		
BE	17. FATHER'S NAME (First, Middle, Last) AL WHITE 19a. INFORMANT'S NAME (Type/Print)					18. MOTHER'S N.	E HIL	_L				
5	LOTTIE ELIZABETH	HILL WHIT				Number or Rural				ode)		
	4 Donation 6 Other (Specify) Cemetery, crematory or other place VOSHELL MEMORIAL GARDENS								TI MORE			
	21. SIGNATURE OF FUNEBAL SERVICE LIC	TXA	w/w		WM.C.	MARCH F.	H./1				/ENUE	
	23. PART I. Enter the disease, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Allto	on each ilna.	lwl	entar the mo	da of dying, suc	val	Culle	atory arres	2	Approxin intarval I Onset an	Betwean
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN								CAUSE			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (X YES 2 \sum NO	HOSPITAL:	Moutpetlant 2 🗆		HER:	ACE OF DEATH (C)						
ВУ РНУ	1 Inpatiant 2X ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 1 Nutural 5 Pending Provestigation Number of the control of the											
	3 Suicida 8 Could not be detarmined 28a. PLACE OF INJURY — At home, term, streat, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
3 Sulcida 8 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner a county one) 27 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner a county one) 29c. LICENSE NUMBER 29d.									ner as stated.	nuno(n)	and manner as	Islad
TO BE	M. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE O	E DEATH STEM OF	V. (Ferro Deier		O.C.M.					(Month, Day, Year) - 1992	
	FRANC J. AC	EASTIN	np 11	1 PE		REET B	ALT	IMORE	MARY	LAI	ND 212	01
	JAN 07 1997	2 32. REGISTRANS	SIGNATURE TO	dell								

FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR V. Winchester Virginia 92 12:32 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign March 20,1915 238-07-7609 1 M 2 XX 76 DAYS HOURS YRS. N. Carolina permit. Pages 1, 2, 3 should 9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore North 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Union Monroe Carolina 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15 Potters Road South detached for use as the burial-transit 28110 U. S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No--if yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES X 1 Never Merried 2 Merried BY 3XXWidowed 4 Divorced Specify: White CE. 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) ш Elementary/Secondery (0-12) College (1-4 or 5+) COMPL NA NA Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) te Roscoe Metcalf Lula Guffey BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Michael Winchester (Son) 1730 Redwood Ave., Balto., Md. 21234 e 4ETHOD OF DISPOSITION
urlet 2 ☐ Cremetion 3 🏋 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must has been signed by the attending physician and completely filled in by the funeral director, Oept. of Health and Mental Hygiene prior to burial, cremation, or removal. In 23 shows any injury, or other traumatic event, the medical examiner must 1 ariet 2 | Cremenon 3 4 | Donetion 5 | Other (Specify) cemetery, cremetory or other place) Lakeland Memorial Park Monroe, N. C. examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Balto, Md. 21213 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ee cardiec or respiratory arrest, Approximate shock, or heert feilure. List only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition . Arteriosclerotic Cardiovascular Disease reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO Inquiry PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? PAL DIRECTOR: After this certificate hat 72 hours after death with the State 0 it item 28 is marked, or item 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Reeldence 8 | Other (Specify) 1 X YES 2 NO 1 | Inpatient 2 | XER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 XNatural 5 Pending Investigation M 1 YES BY 2 Accident 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and menner ee stated. COMPL MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 20 0 O.C.M.E 1-2-92 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street Baltimore Maryland

32. REGISTRAR'S SIGNATURE

wina Daydown-Randese

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

92 00225

REG. NO.

77-71 -1

The Date of the St

NAME AND ADDRESS OF THE PARTY OF THE PARTY.

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1 Th' suites are not a character of the contract of the contra

PINSION OF VITAL RECORDS, P.O. BOX 68760,

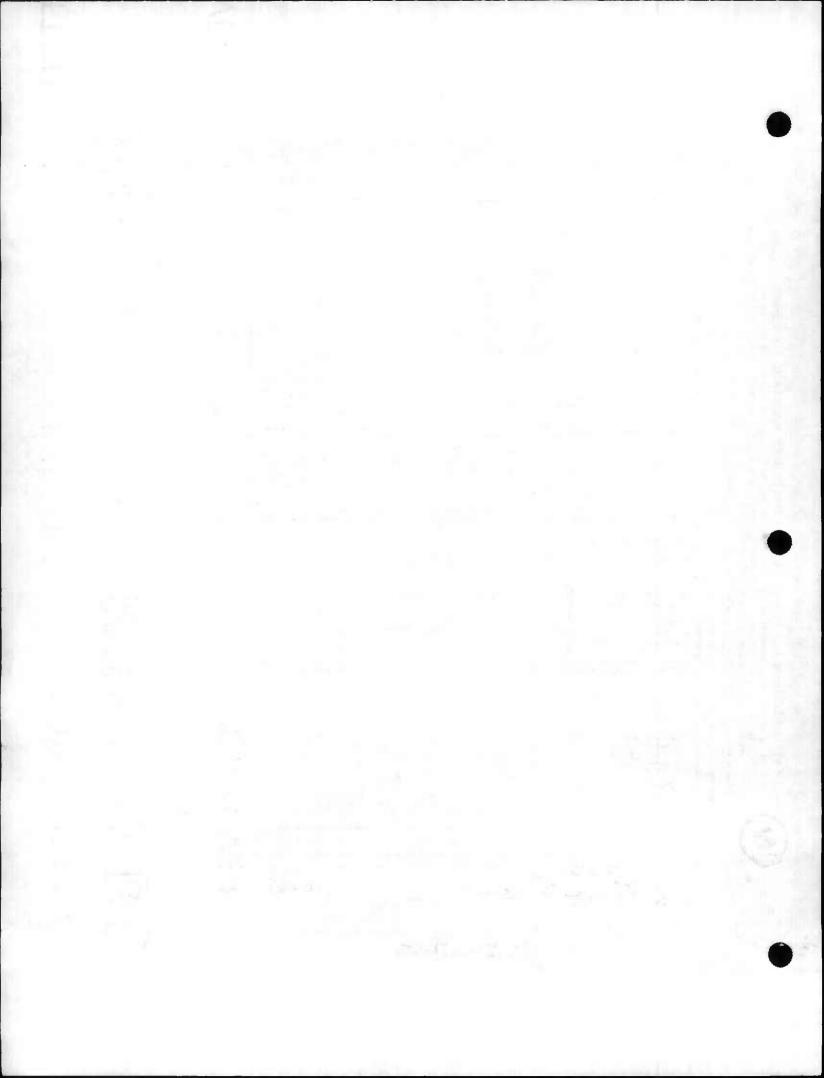
THE MOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Mental Mygiene prior to burial, cremation, or removal.	T. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOME	TO THE FLIMMAL UNIVERSITY	IMPORTANT: If item 28 i

	FOR STATE	TE OF MARYLA				ENTAL HYGIE	and the	. 00	1 6 2 0
1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) 1. Decedent's NAME (First, Middle, Lest)	ae (CERTIF	CATE OF		REG. N 2. DATE OF DEATH MONTH	DAY Y	YEAR 3. TH	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 ☐ M	6. AGE (III	1 yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV . O	1924	Country Was	Sh., D.C
OR	9a. FACILITY NAME (If not institution, give street and a 4977 Battery Lane	# 4 1 1		Bethes	da	тн		y of DEATH gome 1	. A
DIRECTOR	100. STATE 100. COUNTY Maryland Montgo	mery		, town or Locat Bethesd	7			1.00	INSIDE CITY LIMITS? YES Z NO
FUNERAL	100. STREET AND NUMBER 4977 Battery Lane			101.	20814			ed St	
BY FUN		B DECEDENT EVER IN ICES? 1 TYPES ES, GIVE WAR OR DA			ENDENT OF HISPANIC city Cuban, Mexican, 2 NO Specify:			a u C a s	nerican Indian, le, atc. Sian
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College 4	a (1-4 or 5+)	(Give kind of v life. Do NOT us	usual occupation work done during mode retired.)	st of working		ASSO		lon
BE CON	17. FATHER'S NAME (First, Middle, Lest) 12. MOTHER'S NAME (First, Middle, Meiden Surname) Esther Aronoff								
TO B	Mr. Bill Wainger				olumbia	Pike S	Silver	Spri	117114
	209_METHOD OF DISPOSITION X Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	State Zob.	PLACE AND DATE	or disposition or other place) 1 d Memo	rial Ga	rdens 220c.	LOCATION — CH Falls	chur	ch, Va.
	21. SIGNATURE OF PENERAL SERVICE LICENSEE	5		22. NAME AN IVE	s-Pears Fa	on Fune			22046
	23. PART I. Enter the diseases, or complications, or heart fellure. Liet online immediate CAUSE (Final disease or condition resulting in death)	Sarcor DUE TO (OR AS A	MA		de of dying, such	ss cardiac or re	spiratory srres	et,	Approximate Interval Between Onset and Death 5 yrs.
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A							
	PART II. Other significant conditions contri	lbuting to death bu	ut not reaulting	in the underlying	g cause given in F	PER	AN AUTOPSY FORMED?	AWAH	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION DE CAUSE
I: MEDI	1 □ YES 名录 NO COMPLETION DF CAUSE OF DEATH? 1 □ YES 2 □ NO								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Input lent 2 ER/Outpat lent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY 1 Netural 5 Pending								
0	4 Homicide determined	building, atc. (Spec	ify)			City or Town, St	ate)		rvumosi,
COMPLET	(Check only 1 A GENTIFYING PHYSICIAN: To one) 2 MEDICAL EXAMINER: On the				eath occured at the t	lime, date and place	, and due to the	cause(a) and	
TO BE	296. SIGNATURE AND TIFLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WHO COMP	EVED CAUSE OF DE	ATM (ITEM 97) (See	Defect	D269		29d. DATE :	SIGNED (Mon	th, Day, Year) 9 Z

32. REGISTRAR'S SIGNATURE
Suha Davidson-Randallo

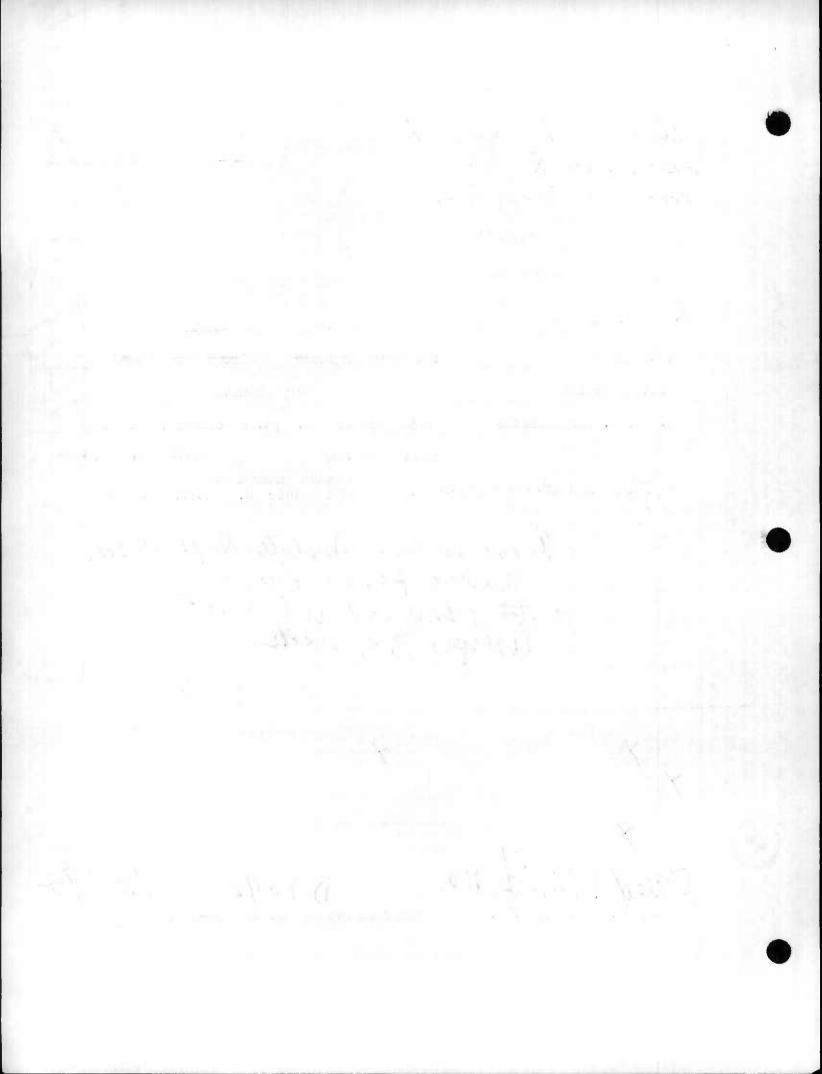
THEO (MORTH, Day, YEAR)

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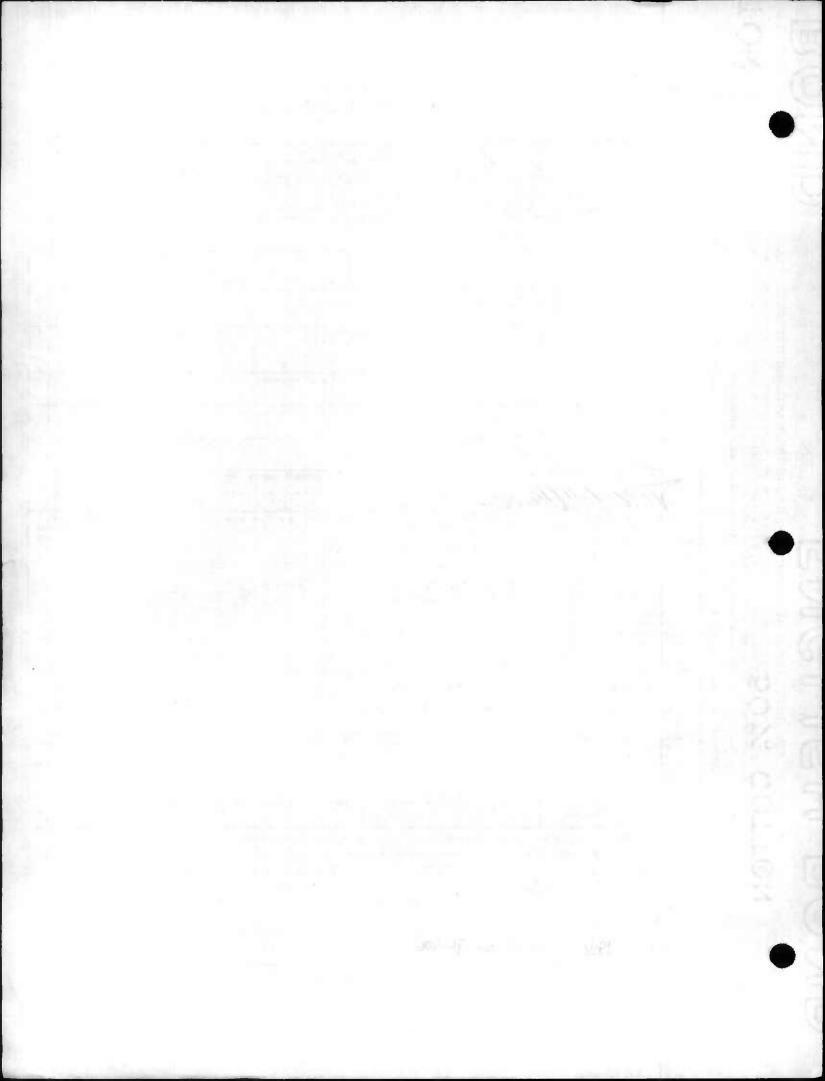
	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEAIL	REG. NO.	2	- UUGG1
1	1. OECEDENT'S NAME (First, Middle, Lest)	. ,			2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH PA
	Edward J. War	week			01 05	10	4 3 M
	A	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. Bi	RTHPLACE (State or Foreign unitry) ennsylvannia
	9a. FACILITY NAME (If not institution, give street and number)	THS.	OF CITY TOWN!	OR LOCATION OF DE		9c. COUNTY O	
OR	Manux Care Nursing Cer	Her	70	Wish	SAIN .	Ba	theore
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	TION			10d. JNSIDE CITY
DIR	mo RAHmon	0.00	1	DWSON			1 YES XX NO
AL	10e. STREET AND NUMBER		101	. ZIP CODE	. /	10g. CITIZEN (F WHAT COUNTRY?
FUNERAL	1001 W Charles St			2120	4	Ţ	ISA
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2)(NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)		ACE — American Indian, lack, Whita, atc. pecify:
ED	15. OECEOENT'S EQUCATION (Specify only highest grade completed)	16a. OECEDENT'S	USUAL OCCUPATION	ON of working	16b, KINO OF BUS	INESS/INOUSTR	Y
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)		work done during mo se retired.)				
COMPLETED	12th grade	Station	nary Eng		Crown Co		eal
	17. FATHER'S NAME (First, Middle, Last) Milton Warwick				ME (First, Middle, Maiden : Schultz	Sumame)	
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Route Number, City or Town	. State. Zio Gode)
5	Mr. Wm. H. Burgemeister				t. 6 Colum		
	20a. METHOD OF DISPOSITION 1-A Burlal 2 Cremation 3 Removal from Stata			metery, crematory or	20c, LOC	ATION City o	r Town, State
	4 Donation 5 Other (Specify)	Parkwood	l Cemete	-		timore.	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	Sann Fun	ciury neral Home		
-	Jasacher Frenence,	lam E	740	l Belair	Rd. Balto	., Md.	21236
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Finel		not enter the mo	da of dying, suc	h as cardlec or respli	ratory arrest,	Approximata Interval Between Onset and Death
	disease or condition resulting in death)	alle	u-	expert	to Nep	made	for.
	DUE TO (OR AS/A	CONSEQUENCE O	2110		1-		
NO	Sequentially list conditions,	CONSEQUENCE	HVO	andu			
ATI	if any, leading to immediate cause. Enter UNDERLYING	1/0-	-001	MAT	CH	-	
\simeq	CAUSE (Disease or Injury that initiated events	COMMEQUENCE O	F):	01			
# 1			,				
ERTIF	resulting in death) LAST	bb 2	X	veed			
L CERTIFICATION	PART II. Other significant conditions contributing to death	ut not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
ICAL CERTIF	· Wall	ut not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ICAL	· Wall	ut not resulting	In the underlyin	g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO
MEDICAL	· Wall	ut not resulting	In the underlyin	g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	at not resulting	26. P	g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	etlant 3 DOA 28b. Thi	26. P OTHER: Thursing Hor ME SF 28c. IN WIN M 1	LACE OF DEATH (C) ne 5 Residence JURY AT SHK? YES 2 NO	PERFOR 1 YES 2 Peck only one) 6 Other (Specify) 28d. OESCRIBE HOW II	MED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	etlant 3 DOA 28b. Thi	26. P OTHER: Thursing Hor ME SF 28c. IN WIN M 1	LACE OF DEATH (C) ne 5 Residence JURY AT SHK? YES 2 NO	PERFOR 1 YES 2 Deck only one) 5 Other (Specify)	MED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	28b. Thin IN. — At home, farm,	26. P OTHER: OTHER:	LACE OF DEATH (Change 5 Residence JURY AT 1987 YES 2 NO	PERFOR 1 YES 2 Seck only one) 6 Other (Specify) 28d. OE\$CRIBE HOW II 26f. LOCATION (Street a City or Rown, State)	AJURY OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D D D D D D D D D D D D
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions contributing to death of the significant conditions	ath (ITEM 27) (Typ)	26. P OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: 26. P 26. IN W 1 Street, factory, office red at the time, date on, in my opinion,	LACE OF DEATH (C) ne 5 Residence JURY AT DRK? YES 2 NO ne a and place, and due death occured at the	PERFOR 1 YES 2 Seck only one) 8 Other (Specify) 28d. OESCRIBE HOW is City or Town, State) to the cause(a) and man of time, data and place, and	JURY OCCURE IN A Number or Related to the case a stated. In a stated to the case a stated t	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO In A North Number, In A Number, In A Number of the



FOR

BALLIMORE, MARTLAND	s after death. Page 6 may be retained by the hos	i by the funeral director, page 5 should be detache removal.	dical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, Last) JOSE N	1 Yax		M. YA		2. DATE OF DEATH MONTH		3. TIME OF DEATH 2 08/1 A
579-76-7460	1 1 M 2 - F 4		UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	49	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give stre WASH ADVENTIST 7600- RESIDENCE OF DECEDENT	Carroll Ave	96		R LOCATION OF DE	MD		YOF DEATH
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER no fixed address			101	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi		IIC ORIGIN? (Specify in, Puerto Rican, etc.)	fee or No- 1	4. RACE — American Indien, Black, White, etc. Specify:
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo-		16b. KIND OF E	USINESS/INDU	STRY
17. FATHER'S NAME (First, Middle, Last)	Bar.	10.74		18. MOTHER'S NA	ME (First, Middle, Maid	en Sumame)	
19e. INFORMANT'S NAME (Type/Print)		19b, MAILINO AD	DRESS (Street a	nd Number or Rurel I	Route Number, City or 1	own, State, Zip C	code)
20e. METHOD OF DISPOSITION 1	val from State	b. PLACE AND DATE Of cemetary, crematory or		(Name	DATE 20c.	LOCATION — CI	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald W	ade, Dir 1/6/92	1		t, Balto.		
23. PÁRT i. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Finei disease or condition resulting in death)	lat only one ceuse on a				n as caldiac of le	spiratory arre-	at, Approximate Interval Betwood Onset and De
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E.E. STORY							
	HOSPITAL:		26. PI	ACE OF DEATH (CA	eck only one)		
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA 4			6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCC	IRED
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	RK? /ES 2 NO			
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, strendfy)	et, factory, offic		28f. LOCATION (Streetly or Town, St		or Rurel Route Number,
(Orioth Only	EAN: To the best of my known: Con the beele of axamination						d. ceuse(e) end menner ee state
29b. SIGNATURE AND TITLE OF CERTIFIER	24			29c. LICENSE NU	MBER 942	29d. DATE	SIONED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type, Pr	rint)	כפ עג	142	, (11-12
31. DATE FILED (Month, Day, Year)	UGGAL, MA # 32. RECOISTRAR'S SICE FURIAL DAVIDSON—						



DIVISION OF VITAL RECORDS, P.O. BOX 68760, P.D. BALTIMORE, MARYLAND 21215-0020	IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 cors after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the bunal-transit permit. Pages 1, 2, 3 should he within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECC	SPITAL OR ATTENDING PH	IN THE FUNERAL DIRECTOR: After this certificate has been signe	IMPORTANT: If Item 28 is marked, or Item 23 shows a

FOR 1 - STATE REGISTRAD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

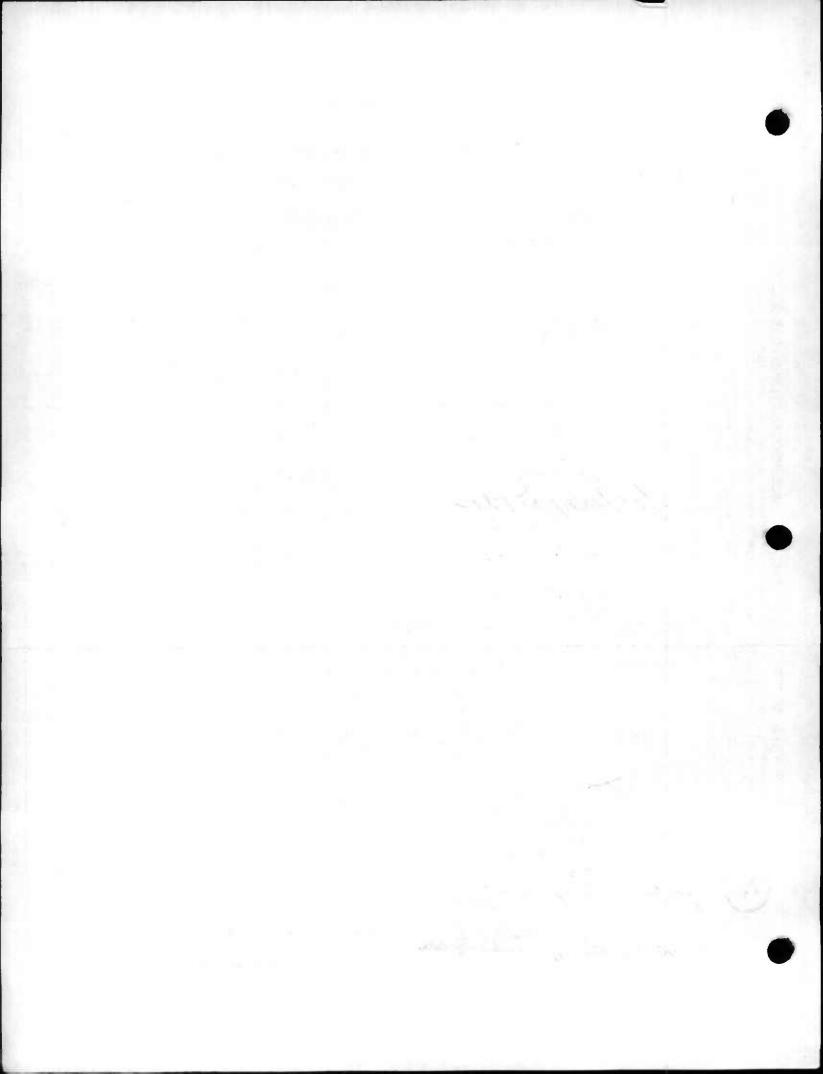
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18. DECEDENT'S BUSINESS MOUSTRY Sequentially listed conditions, growing particle and the sequence of the sequ	IERA	LOCATO THE SECOND SECON		101			-		
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Mrs. Evelyn J. Jenkins Same as #10 30s. METHOD OF DEPOSITION 18 Buritz 2 Crementer 1 20s. PLACE ANDDATE OF DEPOSITION Town, States 20s. PLACE ANDDATE OF DEPOSITION Town of the place 21. SIGNATURE OF FURFALL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, MD . 21214 23. PART I. Enter the diseases, or complications that/Sethisid the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate interval Between onset indeed words 23. PART II. Other eignificent conditions, or heart failure. Liet only one code on each line. 24. MARCHARE CAUSE (Fine) 25. PART II. Other eignificent conditions 26. PART III. Other eignificent conditions 26. WAS CASE REFERRED TO MEDICAL 27. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 28. WAS CASE REFERRED TO MEDICAL 29. CAST OF MAJORY				DDRESS (Street a			Tours Chats 76		,11
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296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	29a. CERTIFIER (Check only (Ch								
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	One) 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(a) and manner as examination.								ind manner se stated.
	00	IL CP VI L.	. 2		THE MOLITISE MUN		29d. DAT	17-7	fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type P	rint)				111	1
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) UNION MEMORIAL HOSPITT		UNION MEMORIAL	HOSP	TAL					
11 100		31. DATE FILED (Month, Day, Mar) 0 8 199 TEGISTRAN'S SIGN	Whendon-No	nose					
31. DATE FILED (Month, Day, Mach O O 4 SE) REGISTRAN'S SIGNATUREM AND CONTROL OF THE CONTROL OF		1779 JAN U 8 1992 7	A Proportion - 1						

dinasiy. with the state of the first - Allewin Jackson Jacks BALTIMORE, MARYLAND 21215-0020

Item 23 Part I,27 per MEO G-684 2/28/92 gn

92 00230

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLANI	D / DEPAR	RTMENT OF I	HEALTH AND	MENTA	L HYGIEN		(0200
	1. DECEDENT'S NAME (First, Middle, Last)	9					2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	MARGARET	G.		ALLF	N		1	5	199	2	1:40P M
	4. SOCIAL SECURITY NUMBER 215-28-3955	5. SEX	6. AGE (In yr.	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH 1, Day, (607) 18/32	8	Country	PLACE (State or Foreign
~	9e. FACILITY NAME (If not institution, give st					OR LOCATION OF I	DEATH		9c. COUNT	Y OF DE	ATH
DIRECTOR	201 Warren Ave.	, Apt. 4	07		Balt	timore					
IRE	10e. STATE 10b. COUNTY	1			Y, TOWN OR LOCA					T	10d. INSIDE CITY LIMITS?
	MD - 10e. STREET AND NUMBER			B	ALTIMOR						14 YES 2 NO
FUNERAL	1327 COOKSIE	ST.			10	f. ZIP CODE	1230		US US		HAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S	ARMED	13. WAS DEC	CENDENT OF HISPA		l? (Specify Yes			- American Indian.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	YES 27	NO	If yes, sp	ecify Cuben, Mexic 2 X NO Spec	en, Puerto I	Ricen, etc.)		Black, Specify	White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e	DECEDENT'S	USUAL OCCUPATION	ON pet of working	16b	KIND OF BU	SINESS/INDUS	TRY	
	Elamentary/Secondery (0-12)	College (1-4 or 5	+)	Ille. Do NOT u	se retired.)	oat or working					
×	12 th grade			HOM.	EMAKER						
	FREDERICK EKI	JIND				18. MOTHER'S N		Middle, Maiden CKELS	Surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)	JOND		19b. MAILING	ADDRESS (Street		_		n Steto 7in C	nofe l	
임	CHARLES F. AI	LLEN			7 COOKS			LTO.,			30
	20e. METHOD OF DISPOSITION 1 → Burlel 2 □ Cremetion 3 □ Remo	ther place)	DISPOSITION (Name of place) EN CEMETERY 1/9 GLEN BURNIE, MD								
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 611	EN HA	22. NAME AI	ND ADDRESS OF F	ACILITY		-		
	1. Alelas	Dra	a		1501	E. FOI	RT A	VE. B	ALTO.	, N	HOME, INC ID 21230
	23. PART i. Enter the diseases, or c shock, or haart failure. I	omplications the	t ceuaed the	deeth. Do r	not enter the mo	de of dying, au	ch es cerc	liac or reapi	ratory arres	t,	Approximata
	IMMEDIATE CAUSE (Finel										Onset end Death
	reaulting in death)	Arteri	OSCLET	otic o	cardiova	scular d	liseas	se			
z			(·						
CERTIFICATION	Sequentielly list conditions, if any, iseding to immediate	DUE TO	(OR AS A CON	SEQUENCE OF	F):						
ICA	cause. Entar UNDERLYING CAUSE (Diseese or injury										
Ë	that initieted events resulting in deeth) LAST	DUE TO	(OR AS A CON	ISEOUENCE O	F):						
		ś									1
Ä	PART ii. Other eignificant conditions	e contributing to	deeth but no	ot resulting	n the underlyin	g ceuse given ir	Pert i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
MEDIC								1 X YES 2		1 4	COMPLETION OF CAUSE OF DEATH?
							_				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									<u></u>	
Sici	EXAMINER? 1 ∑ YES 2 ☐ NO	HOSPITAL:	ED/Output		OTHER:	ACE OF DEATH (C	-				
H	27. MANNER OF DEATH	1 Inpatient 2	INJURY	28b. TIM		e 5X Reeldence		(Specify)	A HIBY OCCUR	en.	
ВУ Р	1 Natural 5 Pending /	(Month, D	ay, Year)	INI	URY WO	RK? FES 2 NO	200.020	OWE HOW W	VIONI OCCO	IEU	
ED B	3 Suicide a Could not be 28e. PLACE OF INJURY — At home, term, atreet, tectory, office building, stc. (Specify)						28t. LOC	ATION (Street e	nd Number or	Rural Ro	ute Number,
	4 Homicide determined							J TOWN, SIGNE)			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER	CIAN: To the best of a	my knowledge	, death occurre or investigation	ed at the time, date	end piece, end du	e to the ceu	se(a) and men	ner ee stated.	euse(e)	end menner ee stated.
шШ	295-MICHAPURE AND TITLE OF CERTIFIED		-			29c. LICENSE NU					Month, Day, Year)
TO B	See Tech	lu				OCME				6-9	
-	30. NAME AND ADDRESS OF PERSON WHO						0100	11			
	Frank J. Peretti				St., Bal	to., MD	2120)T			
	JAN 08 1992	32. REGISTRA	and	100							



THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 22, fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should selled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

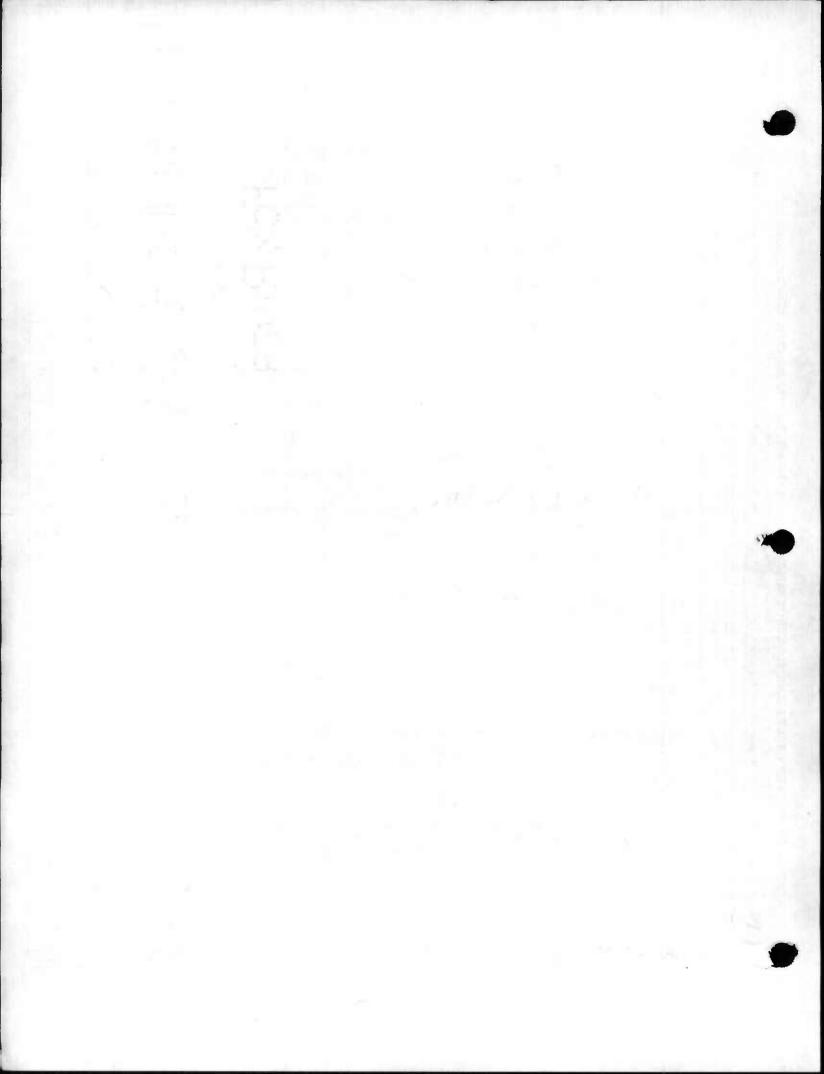
WHODRIANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEA		MENTAL HYGIEN REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
Thornton	Ernest	Brown			Jan 7	1992	
4. SOCIAL SECURITY NUMBER				UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign
227-48-9133	1 M 2 🗆 F	53 YRS. MO	NTHS DAYS HO	URS MIN.	Apr 20 1		Virginia
9a. FACILITY NAME (If not institution, give at	reet and number)		L CITY, TOWN OR L	OCATION OF DE		9c. COUNTY O	
7073 Melting S	hadows Lan	e		Colum	bia	Но	oward
10a. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCATION	14			10d. INSIDE CITY LIMITS?
Maryland H	oward	Col	umbia				1 TES 2 INO
10e. STREET AND NUMBER			10f. ZIP	CODE		10g. CITIZEN C	OF WHAT COUNTRY?
7073 Melting S	hadows Lan	е	2	21045		US	SA
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ABMED	13. WAS DECEND If yes, specify	ENT OF HISPAN	IC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No- 14. R	ACE — American Indian, Black, Whita, atc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16a. DECEDENT'S USI	UAL OCCUPATION k done during most of	working	16b. KIND OF BU	SINESS/INDUSTR	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)	working			
High School		Techni	cian		U.S. F	ederal	Govt.
17. FATHER'S NAME (First, Middle, Last)				. MOTHER'S NA	ME (First, Middle, Maider	Surname)	
Thornton Brown				Maggi	e Nelson		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DORESS (Street and h		loute Number, City or Tox		21045
Linda Brown		7073 M	lelting	Shado	ws Lane	Colum	bia, MD
20a. METHOD OF DISPOSITION	201	. PLACE AND DATE OF	F OISPOSITION (Na	me C o m		CATION - City of	
1 Donation 5 Other (Specify)	011	cemetary, crematory or conezer I	o tinor prototy		Mi	Aland	Virginia
21. SIGNATURE OF FUNERAL SERVICE LIC		Jeliezer I	22. NAME AND A	DDRESS OF FA	CILITYNTING	Funor	al Homes Inc
> Herbert	- E. mut	to.	2501	Gwynn	s Falls MD 212	Parkwa	ar nomes inc y
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	B. Brain To OR AS A DUE TO OR AS A DUE TO OR AS A		(ance	· C			
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
Surceidosis	is contributing to death b ソタアネットー		tha undarlying co			RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLAC	E OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:	netlant 3 Dog	OTHER:	. 1			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME C		_	28d. DESCRIBE HOW	INJURY OCCURE	0
1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WORK		200. Degorial 11011	maoni cocone	
2 Accident Investigation	20 DI ACE OF IN HIM	(At home for the		2 🗆 NO	and LOCATION (Comm	and Number or G	and Bosto Mumber
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec		eet, ractory, office		28f. LOCATION (Street City or Town, State		urar riodia Numoar,
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know			11.00			use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R 1		21	c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)
Open 26 1	m. 1 1	150		0309			8-92
30. NAME AND ADDRESS OF PERSON WE		EATH (ITEM 27) (Type, Pr	,				
Jon Winter		twill 11	() (c)	ombia	IND 3	17045	
JAN 08 1992	32. REGISTRAR'S SIGN						



92 00232

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH JANUARY 6, 1992 THOMAS BLOUNT 9:10A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign 243-42-0166 1 X M 2 - F DAYS HOURS 61 YAS. 12-22-1930 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE log. CITIZEN OF WHAT COUNTRY? 4910 ABERDEEN AVENUE 21206 U.S.A. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced E E BLACK 215-attendir SS COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) use hospital or a 21 top ntary/Secondary (0-12) College (1-4 or 5+) BALTIMORE GAS & ELECTRIC CO MARYLAND 11th detached 17. FATHER'S NAME (First, Middle, Last) the 18. MOTNER'S NAME (First, Middle, Maiden Surname) THOMAS BLOUNT, SR. Pe retained by notified at BE **BASNIGHT** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code). 4910 ABERDEEN AVE./BALTIMORE, MD 21206 2 DORIS BLOUNT be pe BALTIMORE, 20a. METHOD OF DISPOSITION

1 XI Burial 2 Cremation 3 Ramoval from State Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c Pasquotank, Co., must funeral director, Commetery, cramatory or other place)
Blount Family Cemetery ELIZABETH, NCC. Donation 5 - Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY nours after death. WM.C.MARCH F.H./1101 E. NORTH AVENUE n by the f removal. medicai 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by Approximata shock, or haart failure. List only one cause on each line. 6 interval Between filled IMMEDIATE CAUSE (Final Onset and Daath i completely filler the diseasa or condition DUE TO (OR AS A CONSEQUENCE OF): requires that the death certificate be executed within resulting in death) event, n and com to burial, traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician Dept. of Health and Mental Hygiene prior to 123 shows any injury, or other traum cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): 0 that initiated evants resulting in death) LAST DIVISION OF VITAL RECORDS, PART II. Other significant conditions contributing to death_but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: TAL OR ATTENDING PHYSICIAN: The law r this certificate has h with the State De arked, or Item 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATN (Check only one) OTHER:
4 □ Nursing Nome 5 □ Rasidenca 6 □ Other (Specify) HOSPITAL: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation After the 1 YES 2 NO 84 2 Accident 28a. PLACE OF INJURY — At home, farm, street, tactory, offica building, etc. (Specify) THE FILEHAL DIRECTOR: ALL PROPERTIONS AFTER DE IMPORTANT: If Item 28 is in S 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be 4 Nomicide 29a. CERTIFIER

(Check only

1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) aborable. fellmer 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 22. REGISTBAR'S SIGNATURE JAN 08 1992

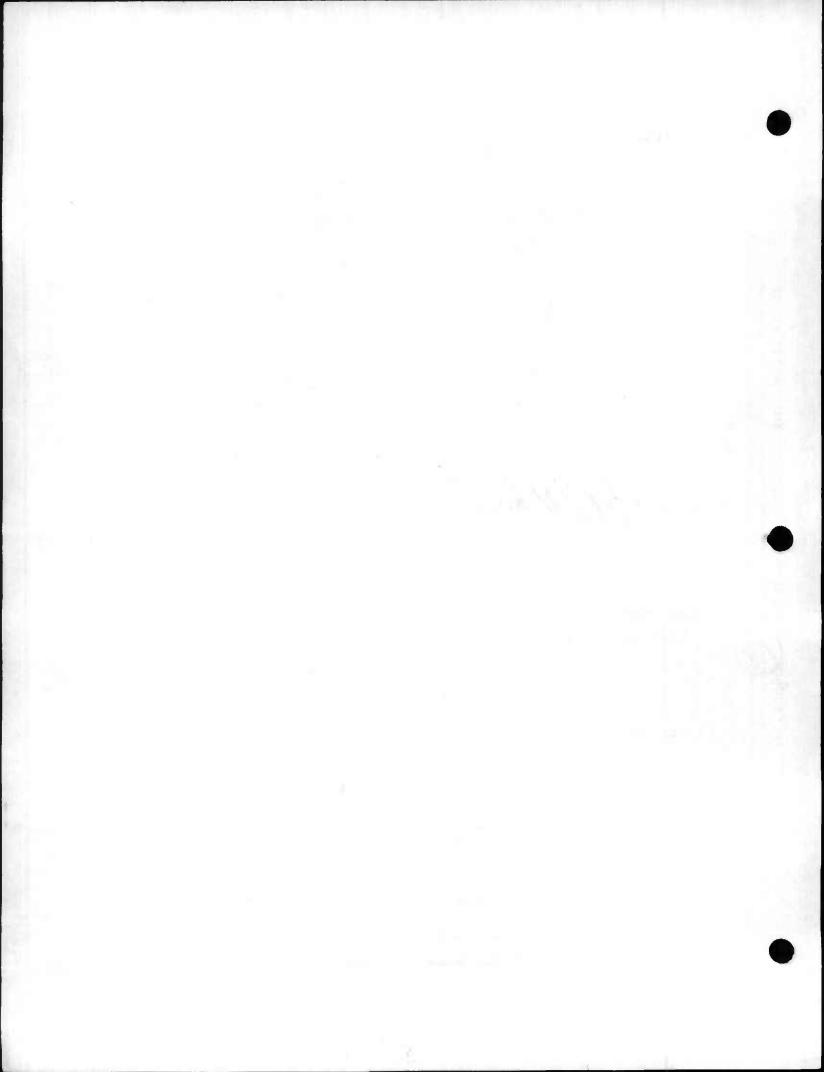
747

DHMH-16 Rev 1/89

Manual Line of the case of the

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	F DEATH	MENTAI	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Burch				2. DATE MONTH	OF DEATH DAY	YEA	
	4. SOCIAL SECURITY NUMBER 217-24-6810 90. FACILITY NAME (If not institution, give a	1 🗆 M 2 🕠 F	(In yrs. last birthday) O YRS.	MONTHS DAY	S HOURS MIN.	5 (Month	OF BIRTH), Day, Year) 14 31	M	RTHPLACE (State or Fore
TOR	LIRENTY MEDICAL				LTIMORE	DEATH	9c.	COUNTY	F DEATH
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c, CI1	TY, TOWN OR LO	CATION IMORE				10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	W. C.		10f. ZIP CODE					OF WHAT COUNTRY?
BY FUN	3339 WINDSOR AVF	N U.S. ARMED 2 7/NO ATES	21216 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify:				8	ACE — American Indian lack, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working		TO. CITY		, BLACK LIC SCHOOL
BE CO	JOSEPH V. BROWN				VIRGIN	IA STA			
2	VERNON BROWN		19b. MAILING 5110	CRAIG A	VENUE, BA	ALTIMO	ORE, MARY	LAND	21212
	20s METHOD OF DISPOSITION 1 N Burial 2 Cremetlog P Rem 4 Donetion 5 Other (Shekin)	1	PLACE AND DATE	ARY CEM	ETERY :		2 GLEN E	BURNI	E, MD
	· Short 19	When I	_		AND ADDRESS OF F		MARCH FU 4300 WAE	BASH	
CERTIFICATION	23. PART I. Enter the disease, or shock, or heart feliure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	e. 1- EN DUE TO (OR AS A 2 - C + DUE TO (OR AS A 3 CA	ach line.	opaly n: navary	(ANOXI		ac or respiratory	, arrest,	Approximet Interval Bat Onset and I
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse g					Part I.	24a, WAS AN AUTOF PERFORMED? 1 YES 2 NO		24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION DF CALL OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etlent 3 DOA	OTHER:	PLACE OF DEATH (C				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	NJURY AT WORK? YES 2 NO	_	CRIBE HOW INJURY	OCCURED	
ETED B	3 Suicide 8 Could not be determined determined determined					TION (Street and Nur r Town, State)	mber or Run	al Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowl R: On the best of examination	edge, death occurre	ed at the time, do	ate and place, and du	e to the caus	se(e) end menner ee	eteted.	e(e) end manner ee state
BE	29b. SIGNATURE AND TITLE OF CERTIFIES			29c. LICENSE NU		JMBER 29d. DAT		DATE SIGN	ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print) Neo	1 0	203	Br.At.	1	
	31. DATE FILED (Month, Day, Yber) JAN 08 1992	32. REGISTRAR'S SIGNA	ATURE) 1140	uco C	min	in the same	ici IV	0 .1

DHMH-16 Rev 1/89



inclina and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should man to burial, cremation, or removal. the executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician. er traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the serior TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be flied within 72 hours after death with the State Dept. of Health and Mexim MPORTANT: If Item 28 is marked, or Item 23 shows any Injury.

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIE		0 0 0 0		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH		
	ERMA B			KWELL		011111	97	2 8:30 P M		
	4. SOCIAL SECURITY NUMBER 218-64-1235	104000	in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give stre		53 YRS.	AL OUTV TOWN		4-7-1938		N.C.		
CTOR	SHOCK TRAUMA/UNIVERSITY BALTIMORE RESIDENCE OF DECEMENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	ry, town on loca Baltimor		10d. INSIDE CITY LIMITS? 1 📝 YES 2 🗌 No					
FUNERAL	100. STREET AND NUMBER 408 SWann		10	101. ZIP CODE 10g. CITIZEN OF WHAT COUNT U.S.A.						
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	U.S. ARMED 2 XNO ATES	If yes, sp	DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. Specify: Black						
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secendary (0-12)	USUAL OCCUPATI work done during ma se retired.)	CUPATION 16b. KIND OF BUSINESS/INDUSTRY							
OM	17. FATNER'S NAME (First, Middle, Last)				T 18 MOTNER'S N	ARRE (Circo Asidella Mairi	Surramal			
BEC										
TO B	The INFORMANT'S MANE (For Other)									
F	Deanna Blackwell		1			timore.Md 21				
20e, METNOD OF DISPOSITION 1 [A, Burlal 2 of Cremetton 3 Ramovel from State 4 Donatton 5 Other (Specify) Donatton 5										
	21. SIGNATURE OF FUNERAL SERVICE LICE	Waney		22. NAME A March 4300	h F/H West	VANUA				
CERTIFICATION	23. PART I. Enter the diecess, or complications that ceueed the death. Do not anter the mode of dying, euch ee cardiec or reepiratory erreat, shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition reculting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	- manag	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\sqrt{N} \) NO						
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
HYS		1 Inpatiant 2XXER/Outpat	itlent 3 DOA	4 Nursing Nom		8 Other (Specify)				
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJU	URY WO	JURY AT ORK?	20d. DESCRIBE NOW INJURY OCCURED BY INOTOLICE				
BY	2 Accident Investigation U / 03/92 5:55P" 1 VES 2X-XNO PEDESTRAIN STRUCK							TRUCK		
ETED	4 Homicide detarmined	building, atc. (Specif)	STREET	City or Town, State) 4550 EDMONDSON AVENUE						
COMPLETED	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner as stated.									
TO BE	AN July	200 SHORE AND TITLE OF CENTRIES			O.C.M.	but started (Month, Day, 1881)				
	FNANK TORKET 111 PENN STREET BALTIMORE MARYLAND 21201									
	JAN 08 1992 Jul	12. REGISTRAR'S SIGNAT	TURE							

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Pages 1, 2, 3 should

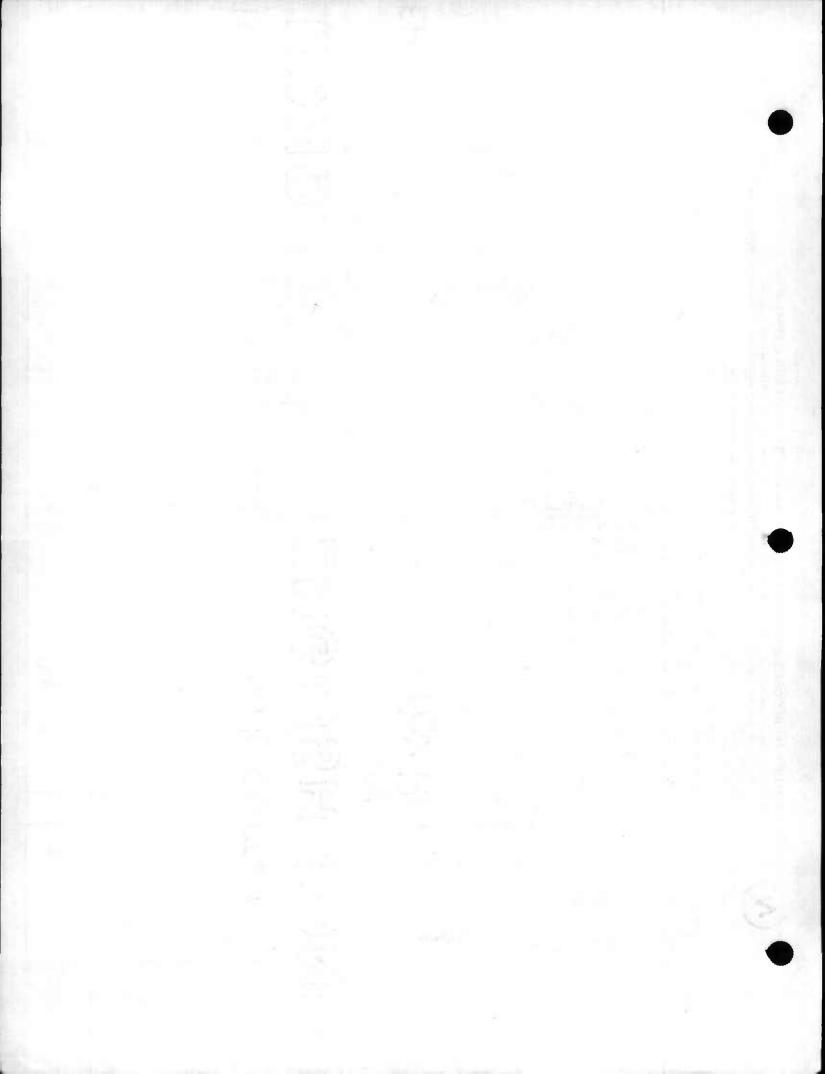
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 Gladys 1 3 Blakley 2:30 P. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign JE LINDER 1 YEAR JE UNDER 24 HRS DAYS HOURS 1 - M 2 -F 218-18-7227 79 10/19/12 Virginia 9a. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF OFATH DIRECTOR Villa St. Michael Nursing Home **Baltimore** RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore XX YES 2 NO FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 4800 Seton Drive # 345 21215 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married 3 Widowed 4 Divorced BY White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INQUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6 Years Housewife OWn Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Layton Shifflet Verai Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cromwell Bridge Rd. Balto. Md. Dorothy Barnhart 21234 20c. LOCATION — City or Town, State 20b. PLACE ANO DATE OF DISPOSITION (Name DATE of cemelary, crematory or other place)
Greenmount Crematory 1/4 Baltimore, Md. 21. SIGNATURE, OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY as Johnson Funeral Home Towson, MD. pava 8521 Loch Raven B₁vd 21204 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch ee cerdiec or respiretory arrest, **Approximate** ahock, or heart fellure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition_ Mycardial Infraction recuiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES TEL NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO tient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Naturel 5 Pending investiga 1 YES 2 NO B 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be ED 4 Homicide COMPLET

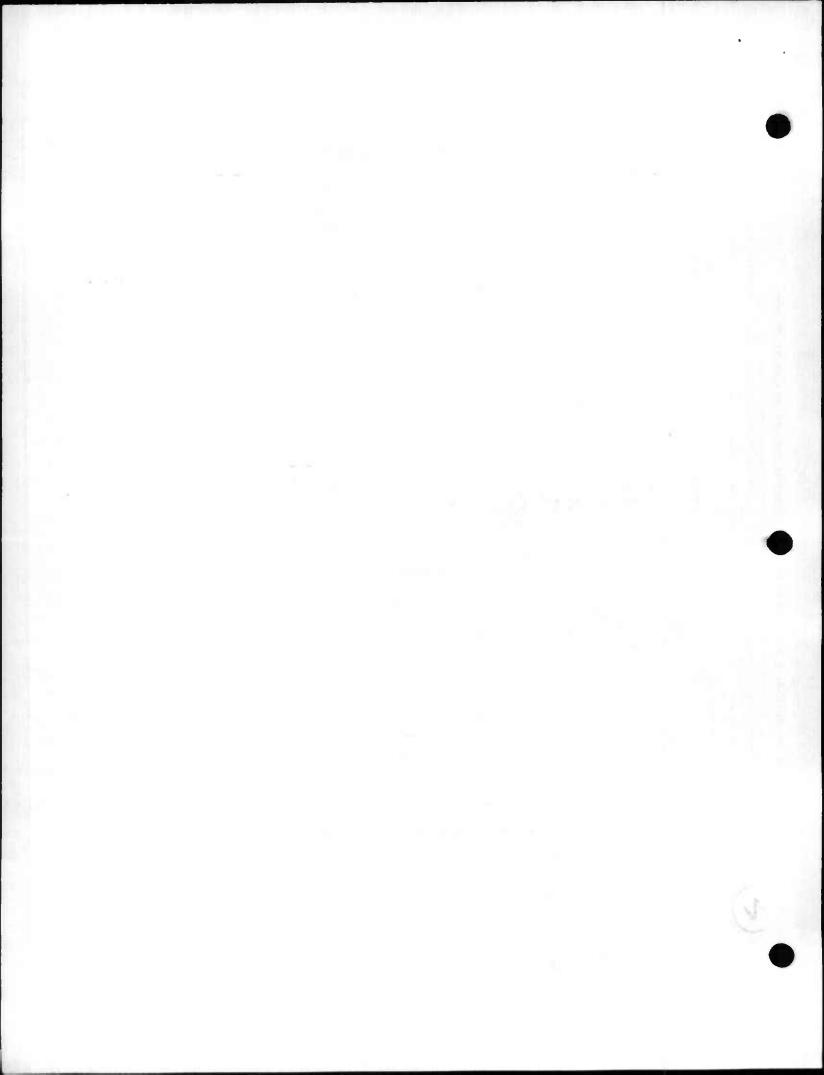
29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at to one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at to one)		
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7770 Park Heights Ave	0 11	80515
JAN 08 1992 Juna Jan San San San San San San San San San S		

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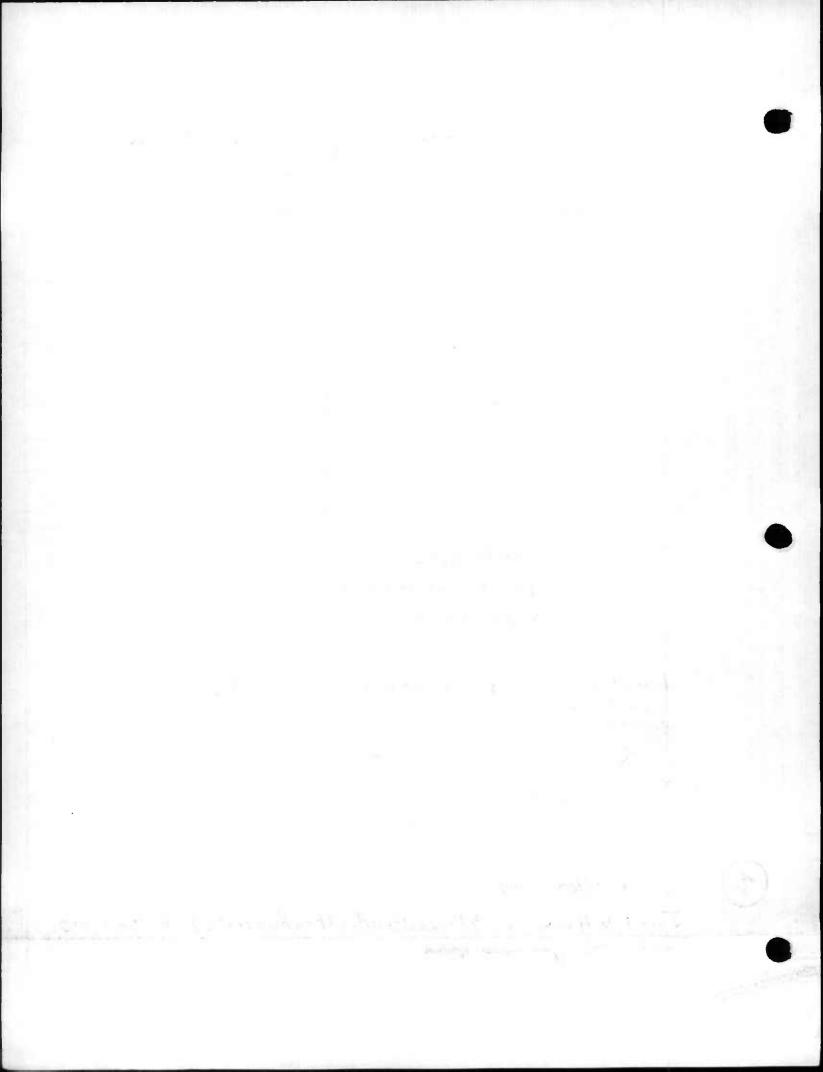
BALTIMORE, MARYLAND 21215-0020	by the hospital or attending physician.	Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	l at once.
, BALTIMORE, MAF	hin 24 hours after death. Page 6 may be retained	tely filled in by the funeral director, page 5 shoul mation, or removal.	it, the medical examiner must be notifie
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	R: After the er death w	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
D	HE HOSPITAL DR	HE FUNERAL DIRECTO of within 72 hours after	ORTANT: If Iter

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPAR	TMENT OF	HEALTH	AND ME	ENTAL HYGIE REG. N		147	
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
		VER	GIE CR	ITKSHA	ANK			MONTH 1 - 6 - 0	DAY	YEAR	3:30 A M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER	24 HRS. 7				PLACE (State or Foreign
	212-28-4255	1 M 2 JF	82	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 1-4-191	n	Count	T VIRGINIA
	9a. FACILITY NAME (If not institution, give s.	treet and number)	02		9b. CITY, TOWN	OR LOCATIO	N OF DEAT		1	WLS	
DIRECTOR	FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY RESIDENCE OF DECEDENT										
		LTIMORE		10c. CITY	, TOWN OR LOCA	TION DUNDA.	LK				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1342 WILLOW ROAD				10	f. ZIP CODE	21222		10g. CITI		S.A.
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	EVER IN U.S. A YES 2 R OR DATES	PIMED AUX	If yes, s	CENDENT OF	, Mexican, F	ORIGIN? (Specify Y Puerto Rican, etc.)	y Yes or No— 14. RACE — American India Black, White, atc.		k, White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, D	ECEDENT'S	USUAL OCCUPATI	ON and working		16b. KIND OF B	USINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 8 YEARS	College (1-4 or 5+) N/A	iii		ork done during me retired.) MSTRES		,		CL	ОТНІ	NG
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTN	ER'S NAME	(First, Middle, Maide	n Surname)		
BE	FRANKLIN FITZWAT	ER					TALI	THA RHOD	ES		
6	19a. INFORMANT'S NAME (Type/Print)		-11					te Number, City or To	wn, State, Zip	Code)	
-	D. JOAN BALDWIN			807 1	BRANFOR1	CIRC	CLE	LUTHERV	ILLE,	MD	21093
	20a. METNOD OF DISPOSITION 1	oval from State			FDISPOSITION (N.		-1992		OCATION - 6	,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE									
	· Scar 7) Con	nol	2	792	22 WIS	SE AVI		NDALK	MD	LK INC. 21222
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Styck	on eech iin	.		da of dylr	ig, such a	s cerdiec or ree	piratory erro	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in deeth) LAST	N	R AS A CONSE								
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to d	eeth but not	resulting in	the underlyin	g cause gi	van in Per	1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DE	ATH (Check)	only one)			
Sic	EXAMINER?	HOSPITAL:	R/Outpatient 3		OTHER:						
È	27. MANNER OF DEATH	28s. DATE OF IN	JURY	28b. TIME	OF 28c. INJ	_		d. DESCRIBE NOW	INJURY OCC	LIBEC	
	1 Natural 5 Pending	(Month, Day,	Year)	INJU		RK?		a. Degoinge Now	moon occ	ONED	
m l	2 Accident Investigation 3 Suicide E Could not be	28a. PLACE OF I	NJURY — At ho	ome, farm, str	reet, tectory, offic		_	t. LOCATION (Street	and Mumber	na Orumi D	- A. M C.
	4 Nomicide 6 Could not be	building, st	c. (Specify)		,,			City or Town, State)	or establish	out Harriott,
COMPLETED	29s. CERTIFIER (Check only one) 1 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of sp	y knowledge, de ninstion and/or	ath occurred	st the time, data , in my opinion, d	and place, a	and due to the	he cause(a) and ma	nner as state	d. cause(a)	end manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1. 4	1			29c. LICEN	SE NUMBER	R	29d. DATE	SIGNED	(Month, Day, Year)
	Cothering Wa	Menon	M				410	1757_	D 1.	-1	GI
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE		Print) And	R	1to	110 2	224	0	-/ 3
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE		" TIVE	. Su	W.	MU LI	667		
	JAN 0 8 1992 A	fullia Devidson	n-Hande	الم							



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of merciosital DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending phy	ERA	me with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTAIN: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		MARYLAND	CERTIF	ICATE O	DEA	TH	REG. 1			
	MAMIE		10-5	23				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs.		IF UNDER 1 YEAR	T = (MDE	R 24 HRS.	- 0:75 05 PURTU	4	92	2.20pm
	220-12-5441	1 M 2 F			MONTHS DAYS	-	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	
	90. FACILITY NAME (If not institution, give	Λ	9:	3	9b. CITY, TOW	OD LOCATI	ON OF DE	Feb 22			th Carolin
			7 0					ATH	9c. COU	NTY OF D	EATH
	Francis Scott	кеу мес	Cent	er	Balt	imore	e				
	10a. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
	Maryland				Balti	nore					LIMITS?
	10e. STREET AND NUMBER					of. ZIP COD	E		10g. CIT	IZEN OF V	VHAT COUNTRY?
	1802 Walbrook	Avenue				2121	17		Ţ	JSA	
	11. MARITAL STATUS	12. WAS DECEDER	TEVER IN U.S.	ARMED	13. WAS D	CENDENT (OF HISPAN	IC ORIGIN? (Specify	Yea or No —	14, RACE	- American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	A) NO		S 2 NO		n, Puerlo Ricen, etc.)		Speci	t, White, atc.
	21										Black
	15. DECEDENT'S EQ. (Specify only highest grade	le completed)		(Give kind of	USUAL OCCUPA work done during i se retired.)	TION nost of working	ing	16b. KIND OF	BUSINESS/INI	DUSTRY	
	Jr High Sch.	College (1-4 or 5	+)						TV.		
	17. FATHER'S NAME (First, Middle, Last)			סע	mestic				rate	Fami	1у
		- 4-						ME (First, Middle, Maid			
-	Charlie Parrot 19a. INFORMANT'S NAME (Type/Print)			10h MARING	ADDRESS (Stand		1221	e Coope	r		
	Spurgeon Reyno	1140									21217
	20e. METHOO OF DISPOSITION				OF DISPOSITION		ave.	Balti DATE 20c	MOTE,		
1	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	camatary,	crematory or o	ther placel			1/9 B			
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	DIUI	u KIC	ge Cer	AND ADDRE	SS OF FAC	1/9 B	altin	ore	, MD Homes Inc
	1 lastone	6	1 ,-11	_	250	Cvr	nne	Falls	r run	eraı	. Homes Inc
4	Herver	C /	une	1	Bal	imor	ce,	Falls Marylan	a 21	216	
	23. PART i. Entar the diseases, or ahock, or heart failura.	List only one car	it caused tha use on each l	death. Do r ine.	not anter tha m	ode of dy	ing, aucl	h as cardiac or re	apiratory an	rest,	Approximata interval Between
1	iMMEDIATE CAUSE (Final disease or condition	2 0	,								Onset and Death
1	reaulting in desth)	a. Drobat	de sels	575							= 2 week
	Sequentially list conditions,	DUE TO	(OR AS A CON	SEQUENCE OF	SOURCE						
	if any, leading to immediate cause. Enter UNDERLYING	4									
		c. V PO	(OR AS A CON	SEQUENCE OF	F):	-					-
	resulting in death) LAST	d.									
	PART II Other clanificant condition										
	PART II. Other algnificant condition					ng cause o	given in i	Part I. 24a. WAS . PERF	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	dementia	r	PCUVI	ent (10/ES	2 NO		COMPLETION OF CAUSE OF DEATH?
	sacral buth										1 _ YES 2 _ NO
	anema										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF D	EATH (Che	ick only one)			
	1 TES 2- NO	1 Inpetient 2	ER/Outpetient	3 🗆 DOA		me 5 🗆 Re	eldence	a C Other (Specify)			
		28a. DATE OF		26b. TIM INJ		JURY AT ORK?		28d. DESCRIBE HOY	V INJURY OC	CURED	
	27. MANNER OF DEATH	(Month, D			M 1	YES 2	NO				
	1 Natural 5 Pending 2 Accident Investigation							281. LOCATION (Street	et and Alumbas	or Rural R	- de Monte -
	1 Accident 5 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At etc. (Specify)	home, farm, s	treet, factory, off	CII	- 1	City or Town, Sta	te)		oute Number,
	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined	28a. PLACE O building,	етс. (ъреспу)						fe)		oute Number,
	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide Could not be detarmined 29a. CERTIFIER (Check only 1 DERTIFYING PHYS)	28e. PLACE O building,	my knowledge,	death occurre	d at the time, de	e and place,	, end due	to the cause(e) end n	nanner ea atat	ed.	
	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be detarmined	28e. PLACE O building,	my knowledge,	death occurre	d at the time, de	e and place,	, end due	to the cause(e) end n	nanner ea atat	ed.	
	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide Could not be detarmined 29a. CERTIFIER (Check only 1 DERTIFYING PHYS)	28e. PLACE O building,	my knowledge,	death occurre	d at the time, de	e and place, death occur	, end due red at the l	to the cause(e) end n	nanner ea atat	ed. a cause(s)	
	1 Metural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined Physical P	28e. PLACE C building,	my knowledge, xamination and/	death occurre	od at the time, da	e and place, death occur	red at the	to the cause(e) end n	nanner ea atat	ed. a cause(s)	end manner as stated.
	1 Metural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined Physical P	28e. PLACE C building,	my knowledge, xamination and/	death occurre or investigatio	od at the time, dann, in my opinion,	e and place, death occur 29c. LICE	ed at the I	to the cause(e) end n time, deta end placa, BER	nanner ea stateend due to the	ed. a cause(s)	end manner as stated.
	1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	28e. PLACE Of building. ICIAN: To the best of ER: On the best of e	my knowledge, xemination and/	death occurre or investigatio TEM 27) (Type, E 0 5 P	od at the time, dann, in my opinion,	e and place, death occur 29c. LICE	ed at the I	to the cause(e) end n time, deta end placa, BER	nanner ea stateend due to the	ed. a cause(s)	end manner as stated.
C CE COM LETES DI LII DICIVII.	1 Metural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined Physical P	28e. PLACE Of building. ICIAN: To the best of ER: On the basic of e	my knowledge, xamination and/	death occurre or investigatio	od at the time, dann, in my opinion,	e and place, death occur 29c. LICE	ed at the I	to the cause(e) end n	nanner ea stateend due to the	ed. a cause(s)	end manner as stated.



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

eath. Page 6 may be retained by the hospital or attending physician.	uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		aminer must be notified at once.
The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attendit	been signed by the attending physician and completely filled in by the funeral director, page 5 short	ŧ	shows any injury, or other traumatic event, the medical exam

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

									92	00238
FOR		STATE OF MAR	OU AND	/ DEDARTA	MENT (F HEALTH AND N	AENITA!	UVCIENT		
- STATE REGISTRAR		SIMIE OF MAIL				OF DEATH	MENIAL	REG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)	Stanley H						OF DEATH		3. TIME OF DEATH
Ster	ley	E. (2	rter	,	Sr.	MONTH	20	198	77 2 2 A M
4. SOCIAL SECURITY NUMBI	ER /	S. SEX S. A	GE (In yrs. le		F UNDER 1 YE		7. DATE C		8	BIRTHPLACE (State or Foreign
2-14-20-	0558	(DM2 □ F	72	YRS.	ONTHS DA	AYS HOURS MIN.	1	Day, Year)	1919	1871 274 /24 d
9a. FACILITY NAME (If not ins					ь. СІТУ, ТО	WN OR LOCATION OF DE	ATH	1 1	9c. COUNT	Y OF DEATH
Home	12130 \$	Stoney Bat	ter F	Road	Kin	45 vilke	md		B	2/timore
RESIDENCE OF DEC				1000			7-10			
Maryland	Baltir	~~~		10c. CITY, T						10d. INSIDE CITY LIMITS?
	Balti	nore		VLII	gsvi					1 YES 2 NO
10e. STREET AND NUMBER						101. ZIP CODE			20	EN OF WHAT COUNTRY?
12130 Stor	- 7				,	21087			U.S.	
11. MARITAL STATUS 1 Never Married 2 🔀			YES 2			DECENDENT OF HISPAN ie, apecify Cuben, Mexical			or No- 1	4. RACE — American Indien, Bleck, White, etc.
3 Widowed 4 Divor		IF YES, GIVE WAR O			1 🗆	YES 2 NO Specify	r.			Specify: White
	EDENT'S EDUCA		16e. D	DECEDENT'S US	WAL OCCU	PATION ng most of working	16b.	KIND OF BUS	INESS/INDU	STRY
Elementary/Secondery (0-	1	College (1-4 or 5+)	- ili	ls. Do NOT use n	retired.)					
12			Ma	son (r	etir					
17. FATHER'S NAME (First, Mil	iddle, Last)					16. MOTHER'S NA	ME (First, M	fiddle, Maiden	Sumame)	
Leonard M	orris C	arter				Goldie	Emma	Mast		
19e. INFORMANT'S NAME (Ty	rpe/Print)		1	9b. MAILING AL	DDRESS (S	treet and Number or Rural F	Poute Numb	er, City or Town	n, State, Zip C	(ode)
Margaret A	. Carte	er	1	2130 S	tone	y Batter Ro	ad	Kingsv	rille.	MD. 21087
20e. METHOD OF DISPOSITE		mi from State	20b. PLACE	E OF DISPOSITE	ION (Name	of cemetery, crematory or	-1172	20c. LO	CATION — CI	Ity or Town, State
4 Donation 5 DOther	(Specify)		Park	wood O		ery 1/9/92		Par	kvill	e. MD.
21. SIGNATURE OF FUNERAL	L SERVICE LICE	NSEE /			22. NAI	ME AND ADDRESS OF FA	CILITY [ppel	Fune	ral Home, Inc.
· John	Wi	and D				10 Belair 1			imore	
23. PARO I. Enter the grant shock, such	seatese; of log eart failure. Li	implications that ca at only one cause	used tha d on aach lir	daath. Do not	anter th	a moda of dying, suc	h sa card	lac or respi	retory arre	
IMMEDIATE CAUSE (Fin		(1)	,	- /	1	1				Onset and Death
diseasa or condition reaulting in dasth)	→ s.	34701	e	CV	17_	1198	4 1	verisos.	Strile	1/mineraly
		DUE TO (OR	AS A CONS	EOUENCE OF):			/ '			11st vi
Sequentially list conditi	one b.	1756	·V	//						10 /8).
If any, leading to immed	diata	'DUE-TO (OR	AS A CONS	EQUENCE OF):						
cause. Enter UNDERLYI CAUSE (Disease or Inju		DUE TO OR	10 1 COND	COURNE OF						
that initiated events resulting in death) LAS	т	DUE IU (UN	AS A CUNS	EOUENCE OF):						
Trouting III double, and	d.									
PART II. Other significs	nt conditions	contributing to dea	ith but not	reaulting in	the unde	riying cause given in	Part I.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
								PERFOR		AVAILABLE PRIDR TO COMPLETION OF CAUSE
							_	1 123 2	IN INC	OF DEATH?
							_			1 123 2 10 110
25. WAS CASE REFERRED TO	D- MEDICAL					26. PLACE OF DEATH (Ch	eck only on	ne)		
EXAMINER?	2,000	HOSPITAL:	/Outpotlant		OTHER:	1/		*		
27. MANNER OF DEATH		26a. DATE OF INJ		28b. TIME (g Home 5 (Residence	_	CRIBE HOW I	NJURY OCCU	URED

WORK?
1 YES 2 NO М 2 Accident
3 Suicide 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined 4 Homicide

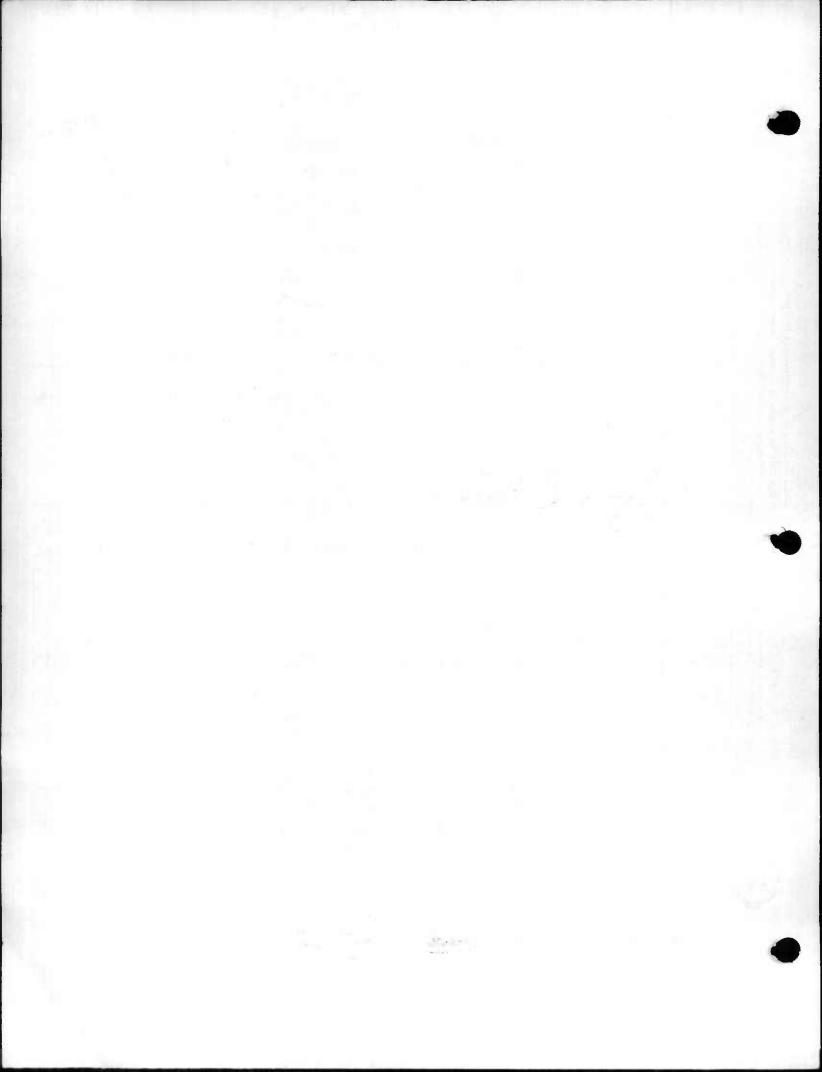
29d. DATE SIGNED (Month, Day, Year)

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BALTIMORE, MARYLAND 21203-3146	the law requires that the death certificate be executed within which after death. Page 6 may be retained by the hospital or attending physician.	benificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within so	FUNETAL DIRECTOR ARE THE CENTICAL HAS been signed by the attending physician and completely filled in by the I within 72 hours after sean with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	OFFIANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
NR .	CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	E		
1. OECEDENT'S NAME (First, Middle, Las	ColTo	N		2. OATE OF OEATH MONTH DA	1992	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 216-14-4200 96. FACILITY NAME (If not institution, given	1 🗆 M 2 💢 F	97 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Manth, Day, Year)	94 00	RTNPLACE (State or Foreign number) RUSSIA	
ODCOURT	Nussing C	ENTER R	ANDAILSTO	WN Md	Be. COUNTY O	TO.	
MARYLAND 10e. STREET AND NUMBER	NTY /		OWN OR LOCATION ALTIMORE		10d, INSIDE CI LIMITS? 1 YES 2 [
6520 EBERLE DR.			101. ZIP CODE 212		U	SA	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 DNO	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Max. 1 YES 2 NO Specify	can, Puerlo Rican, etc.)	6	ACE — American Indian, Black, White, atc. Specify: WHITE	
15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) Coffege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATION done during most of working tired.)	16b. KIND OF BUS			
12		[S	EAMSTRESS		CLOTHIN	G	
17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Maiden			
MORRIS COLTON 19a, INFORMANT'S NAME (Type/Print)		106 11411 1010 10	DRESS (Street and Number or Rurs		NKNOWN)		
						,	
NAT SANDLER	20		URNINGWOOD RD. ON (Name of cemetery, cremetory of		2120 CATION — City of		
1 St Burlei 2 Cremation 3 R	emoval from State	other place)	MUNO (ARLINGTO				
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	CHIZUK A	22. NAME AND ADDRESS OF		DALI	O.,MD	
23. PART I. Enter the diseases,	1) The	urs	SOL LEVINSO	ON & BROS., ERSTOWN RD.	BALTO	., MD 21215	
immediate Cause (Final disease or condition resulting in death)			HEART F	spirab r		Interval Between Onset and Dear	
Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):					
PART II. Other significant conditions	ilons contributing to deeth	but not resulting in t	he underlying ceuse given	In Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NQ	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (Check only one)			
1 TYES 2 NO	1 Inpatient 2 ER/Out	tpetient 3 DOA 4	☐ Nursing Home 5 ☐ Residence				
27. MANNER OF DEATN 1 Natural 6 Pending 2 Accident Investigation	28a. DATE QF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW I	INJURY OCCURE	D	
3 Suicide 6 Could not 4 Nomicide determined	be 28e. PLACE OF INJUR	Y — At home, farm, streedly)	et, factory, office	281. LOCATION (Street City or Town, State)	and Number or Re	ural Route Number,	
CONDON ONLY			nt the time, date and place, and d			use(s) and manner as stated.	
29b. SIONATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	PCCMIN DCCMIN	~ &	DICENSE N	SS 9	29d. DATE 810	NEO (Mogth, Dey, Year)	
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D		B. PEARLMAN, M.D.,I	P.A.			
"JAN" 1992	32. REGISTRAR'S SIG	NATURE 400 OLD C	OURT ROAD #204 STOWN, MD 21133		-421	1	



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ANY THE LAW REQUIRES THAT THE GEATH CEPTHICAGE DE EXECUTED WITHIN 24 HOURS AFTER DEATH. PAGE 6 MAY be retained by the hospita	d baut	alth an	s any
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DING	NAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should	death	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a
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	1 - STATE OF MARYLAN REGISTRAR		MENT OF H		MENTAL HYGIEI REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) THEODORE ELMORE				2. DATE OF DEATH	DAY YI	3. TIME OF DEATH
		3 YRS.	IF UNDER 1 YEAR HONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/7/1	918 0	BIRTHPLACE (State or Foreign Country) CASEY, S.C.
TOR	1701 WAVERLY WAY (Res			TIMORE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	MARYLAND 10b. COUNTY		TOWN OR LOCAT	RE CIT	Y		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	1701 WAVERLY WAY		10f	21239	9	10071	USA
ВҰ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE: 13. Wildowed 4 Divorced 14. WAS DECEDENT EVER IN U. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATE:	s. ARMED 2 □ NO \$15/45	13. WAS DEC If yes, spe 1 TYES	cify Cuban, Maxica	NIC ORIGIN? (Specify Yein, Puerto Rican, etc.)	rs or No— 14.	RACE — American Indian, Black, Whita, atc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	SUAL OCCUPATION of done during most retired.)	IN st of working	18b. KINO OF BU	JSINESS/INDUST	TRY
COM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maide	Sumame)	
BE	MARION ELMORE 19.6. INFORMANT'S NAME (Type/Print)						
5	PEARL ELMORE			STER RI	Poute Number, City or Tox		MD 21207
	20g, METHOD OF DISPOSITION 20b. PL	ACE AND DATE OF	DISPOSITION (No.		OATE 20c 10	OCATION — City	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE OUT OF COURT	+	LERO	Y O. D	ETT & SO	ON FUN	ERAL HOME NUE 21207
7	23. PART 1. Enter the disease, or complications they caused the shock, or heart failure. List only one cesse on aech IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO	TIC	t anter tha mod	da of dylng, suc	h as cardiac or rasp	iratory arrast	Approximata Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST						
	d.						
MEDICAL	PART II. Other eignificent conditions contributing to death but of the conditions contributing the conditions contributing the conditions conditions contributed the conditions	not resulting in	the underlying	couse given in	Pert I, 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL						
SICI	EXAMINER? 1 VES 2 NO 1 Inpetion 2 ER/Outpetie		OTHER:	ACE OF DEATH (Chi			
BY PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY WO	DRY AT	s Other (Specify) 28d. OEŞCRIBE HOW	INJURY OCCURE	ED
	2 Naccident Investigation 3 Suicida 6 Could not be detarmined 28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	eet, factory, office		281. LOCATION (Street City or Town, State	and Number or R	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) MEDICAL EXAMINER: On the basis of examination and	e, death occurred d/or investigation,	at the time, data in my opinion, da	and place, and due ath occured at the	to the cause(a) and ma	nner as stated, nd due to the ca	use(a) and manner as stated.
TO BE C	290. SIGNATURE AND TITLE OF CHITIFRER			29c. LICENSE NUM	IBER 6	29d. DATE SIG	GNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year) 10 NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH 31. DATE FILED (Month, Day, Year) 10 N N N N N N N N N N N N N N N N N N N	20 W	T MAN	PARK	OR BA	TM	0 9 () /

NUMBER OF SELECTION

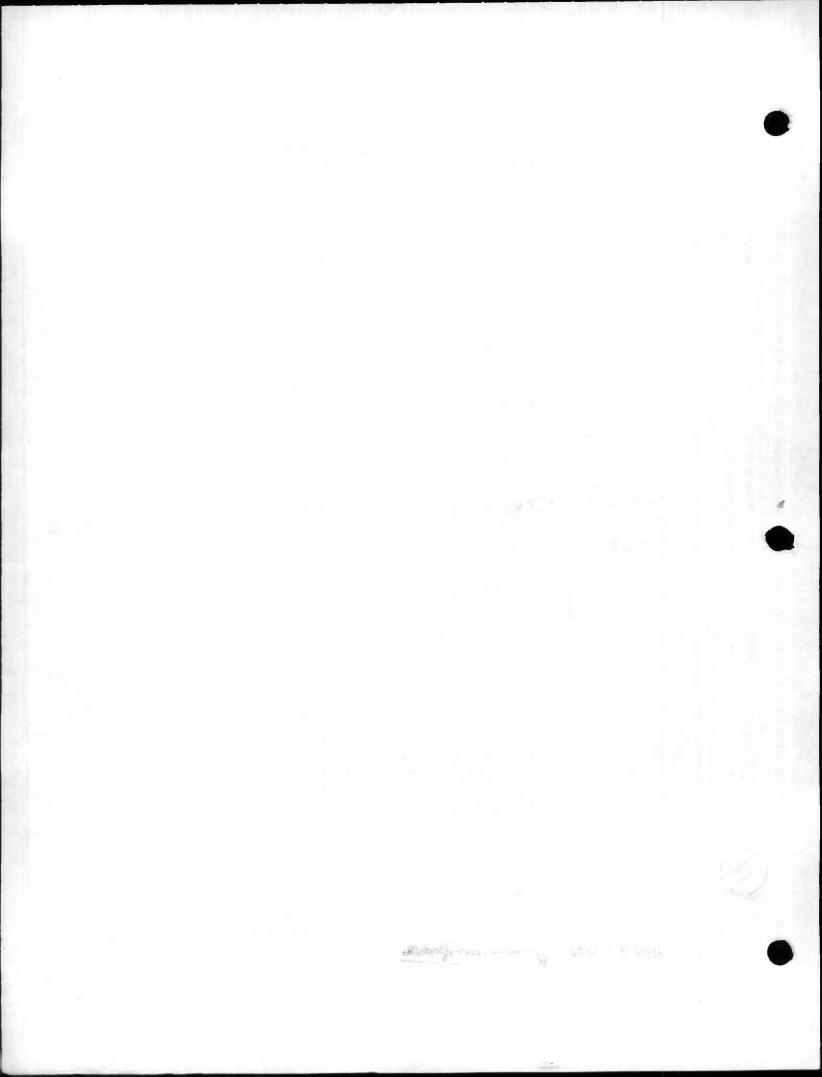
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	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	RTMENT	OF HE	ALTH .	AND N	MENTAL HYGIEN	-	002	41
	1. DECEDENT'S NAME (First, Middle, Last)	SELMAN		10/11/		DEA.		2. DATE OF DEATH MONTH	AY	YEAR 9 9	
	4. SOCIAL SECURITY NUMBER 081-07-8896	5. SEX 6. AGE (in yrs. i		IF UNDER 1		IF UNDER :	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) APR • 24, 19	906	8. BIRTHPLACE (Sta Country) NEW YO	
TOR	9a. FACILITY NAME (If not institution, give str	SPITA		9b. CITY,		LOCATIO				ITY OF DEATH	
DIRECTOR	106. STATE 10b. COUNTY MARYLAND		10c. CIT	Y, TOWN OF	LTI					10d. INSIC LIMIT	
FUNERAL	100. STREET AND NUMBER 5902 SIMMONDS AV	/E•			10f. 2	ZIP CODE	2121	5		ZEN OF WHAT COUNTY	
BY	11. MARITAL STATUS 1 Never Married 2 Starried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	31	AS DECEI yea, spec	ify Cuben.	HISPANI , Mexican Specify:	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No —	14. RACE — Americ Black, White, etc Specify: WH]	C.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		DECEDENT'S (Give kind of the Do NOT us FU	USUAL OCC work done du se retired.) JRRIER	ring most	l of working		16b. KIND OF BU	SINESS/IND	USTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) ISAAC EISELMAN	J				18. MOTHE	ER'S NAM	NE (First, Middle, Maiden HUDEL	Surname) UNKN	OWN)	
TO E	190. INFORMANT'S NAME (Type/Print) MRS. JUDY FRIEDN	IAN	96. MAILING 5902	ADDRESS ((Street and	Number of AVI	er Rural Ro	Oute Number, City or Tow ALTIMORE,	n, State, Zip MD	^{Code)} 21215	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State cemetery, co	E AND DATE (rematory or o	ther place)	ION (Name		/3/9:			Offy or Town, State	7
	21. SIGNATURE OF FUNERAL SERVICE LICE	Lews		22. N	200 5	ADDRESS SOL I	EVI	NSON& BROS	S,. II	NC.	21215
ERTIFICATION	23. PART I. Enter the diseases, or constitute of the property	DUE TO (OR AS A CONSE	EOUENCE OF	VA:	ha moda	of dyin	g, auch	aa cardlec or respi	ratory arre	est, App	TOXIMATE TOXIMA
N: MEDICAL C	PERFORMEO? 1 YES 2 NO CO							24b. WERE AUTO AWAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO IN OF CAUSE		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 FR/Outpetlant 3 DOA 4 THE:										
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence						28d. DESCRIBE HOW INJURY OCCURED			
8	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — AI he building, etc. (Specify)	ome, farm, s					281. LOCATION (Street a City or Town, State)	OCATION (Street and Number or Rural Route Number, ity or Town, Stete)		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI, one) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, do On the basis of exemination and/or	eath occurre	d at the time	e, date an	d place, a	nd due to	o the cause(a) end man	ner as state	d. ceuse(a) and menne	er ea stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAMSE OF DEATH OTHER	- M	· D .		9c. LICEN				SIGNEO (Month, Day,	

32. REGISTRAR'S SIGNATURE

JAN U 8 1992



REG. NO.

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR assa FOSTET 05 2 d 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign 5 1 M 2 F 20 HOURS director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR UNIVERSITY HOSPITAL BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE CITY 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2518 BROOKFTELD AVENUE 21217 the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify. COMPLETED NEGRO 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest gr 16b. KINO OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ 3 GEORGE McCARDO BE ROSE JOHNSON Page 6 may be retained notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOHNSON 2518 BROOKFIELD AVE, BALTO, MD. 21217 pe 20e. METHOO OF DISPOSITION

A Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Buriel 2 Cremetion 3 L 4 Donation 5 Other (Specify) MOUNT ZION BALTO. COUNTY, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE n by the funeral or 22. NAME AND ADDRESS OF FACILITY within 24 nours after death. Kux JOSEPH L. RUSS FUNERAL HOME 2222 WEST NORTH AVE., BALTO, MD. 21216 medical filled in by t 23. PARTL. Enter the disessee, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate shock, or heart failure. List only one ceuse on each line. 6 Interval Between **IMMEDIATE CAUSE (Finel** Onset and Deeth the cremation, disesse or condition DUE TO (OR AS A CONSEQUENCE OF) completely reculting in death) or other traumatic event, executed Hygiene prior to burial, CERTIFICATION and Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING attending physician 8 CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST certificate has been signed by the atter the State Dept. of Health and Mental 23 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item : 26. PLACE OF DEATH (Check only one) this certificate HOSPITAL: OTHER: 1 YES 2 NO 1 Topatient 2 ER/Outpatient 3 DOA me 5 Residence 8 C Other (Specify) marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with 1 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY м 1 YES 2 NO After death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)) THE HOSPITAL OR ATTENDIN) THE FUNERAL DIRECTOR: AI ! filed within 72 hours after de 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED IMPORTANT: If item 28 is 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner as stated. COMPL 2 __ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIE BE 29d. DATE SIGNED (Month, Day, Year) 223 6/91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type 0 32. REGISTRAN'S SIGNATURE 31. DATE FILED (Month, Day, Year) JAN 08 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

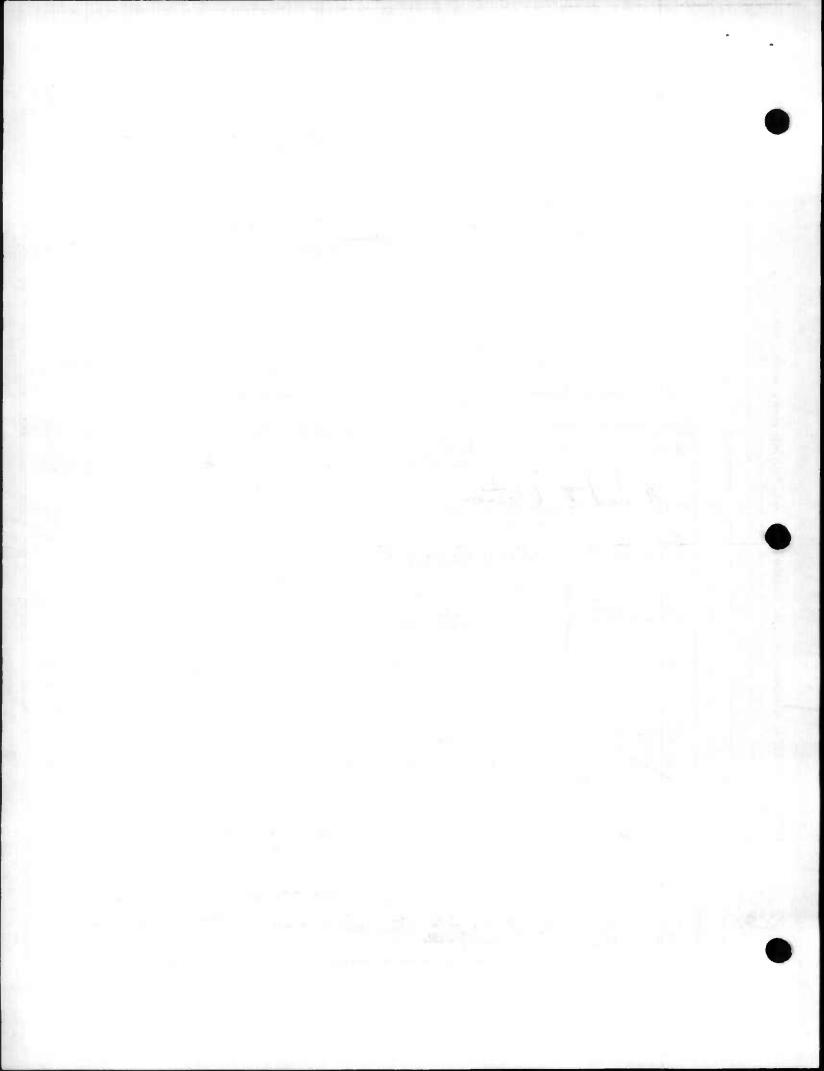
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	IEALTH AND ME	NTAL HYGIENE REG. NO.	92 00243
	1. DECEDENT'S NAME (First, Middle, Last) Charles	Fisher				DATE OF DEATH	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	220-07-8860	1 🕅 M 2 🗆 F	YRS.	NTHS DAYS	HOURS MIN.	(Month, Day), Your //	MD.
œ	9a. FACILITY NAME (If not institution, give st Maryland C	treet and number) eneral Hospit			OR LOCATION OF DEATH	9c. C	COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT		aı	Balti	more City		
J. I.	10a. STATE 10b. COUNTY	,	10c. CITY, T	OWN OR LOCAT			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				IMORE CITY		1 XYES 2 NO
FUNERAL	828 MT, HOLLS	7 CHIDDRIAN		101	. ZIP CODE	10g. (CITIZEN OF WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	21229 ENDENT OF HISPANIC	ORIGIN? (Specify Yes or No-	USA 14. RACE — American Indian,
ВУ Б	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		It yes, sp	ocify Cuban, Mexican, P 2 NO Specify:	uerto Rican, etc.)	Black, White, atc. Specify:
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US			Tues your or everyone	NEGRO
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working	16b. KIND OF BUSINESS/	INOUSTRY
MPL			CONSTRUC	CTION W	ORKER		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	First, Middle, Maiden Surname	0)
B	19a. INFORMANT'S NAME (Type/Print)		1			AJACKSON	
2	ROSTE FISHER					BALTO, MD.	
	204. METHOD OF DISPOSITION	206.1	PLACE AND DATE OF D				- City or Town, State
	1 XBurial 2 Cremation 3 Remo	ceme	tery, cremetory or other	place)			O, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22, NAME AN	O ADDRESS OF FACILITY	ΓY	
	I Soraph h	- olun				FUNERAL HOM	MD. 21216
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COURT TO (OR A	CONSEQUENCE OF):	hydr	stem		Interval Between Onset and Death
AL CE	PART II. Other significant conditions	contributing to desth but	t not resulting in ti	ne underlying	cause given in Pari		SY 24b, WERE AUTOPSY FINDINGS
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PHYSICIAN: MEDIC	EXAMINER?	NOSPITAL:		HER:	ACE OF DEATH (Check o		
Ĭ.	27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME OF		IRY AT 28d	Other (Specify) I. DESCRIBE HOW INJURY O	OCCURED
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOI			7000NED
	3 Suicide S Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, farm, stree	t, factory, offica	281	LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICI	IAN: To the best of my knowled On the basis of exemination a	ige, death occurred at	the time, data :	and place, and due to the	e cause(s) and manner as s	stated. o the cause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	orpu	MS) -	29c. LICENSE NUMBER	29d. D.	ATE SIGNED (Month, Day, Year)
	MAYAD	URG G	H (ITEM 27) (Type, Prin	"A R	AO C/O M	aryland Gene	eral Hospital
	31. DATE PILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE				

DHMH-18 Rev 1/89

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10 Z4	s been signed by the attending physician and completely filled in by the fuript. of Health and Mental Hygiene prior to burial, cremation, or removal.	the ,
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and the same of th	si, Middle, Lest)	0 1/	ERNON	AT.	I		1		2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
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PENINSULA	GENER		TAL		9b. CITY		LISB		EATH			WICON	
nesidence of de 100. state Delaware	10b. COUNT				ry, town o		TION						10d. INSIDE CITY LIMITS?
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7. FATHER'S NAME (First, Grover Wes	ley Fos	ster					Vio]	let l	Hi1t				
90. INFORMANT'S NAME Mary Kenned	y Foste	er								nber, City or Town			o, De. 19
10a. METHOD OF DISPOSI Burlal 2 Cremat Donatton 5 Othe	ion 3 🗆 Rem er (Specify)		cemete	PLACEANDDATE ery, cramatory or o L1Sboro	ther place)				1/			city or Ton	wn, stata , Delawai
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Pecker 23. PART I. Enter the cahock, or I	diaeasea, or chaart failura.	Wate	t caused t	the deeth. Do o	W	atso lills	on Fu	inera	al H	ome, In are 19	9966	rest,	Approximate interval Bette Onset and E
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burial-transit once. notified at 9 must signed by the attending physician and completely filled in by the funeral director. Health and Mental Hygiene prior to burial, cremation, or removal. examiner medical the event. traumatic other ö shows any Injury, has been s Dept. of H . After this certificate had death with the State D tem 6 marked, TO THE FUNDAL DIRECTOR: A POUR after de INPORTANT: If Item 28 is 1 -09

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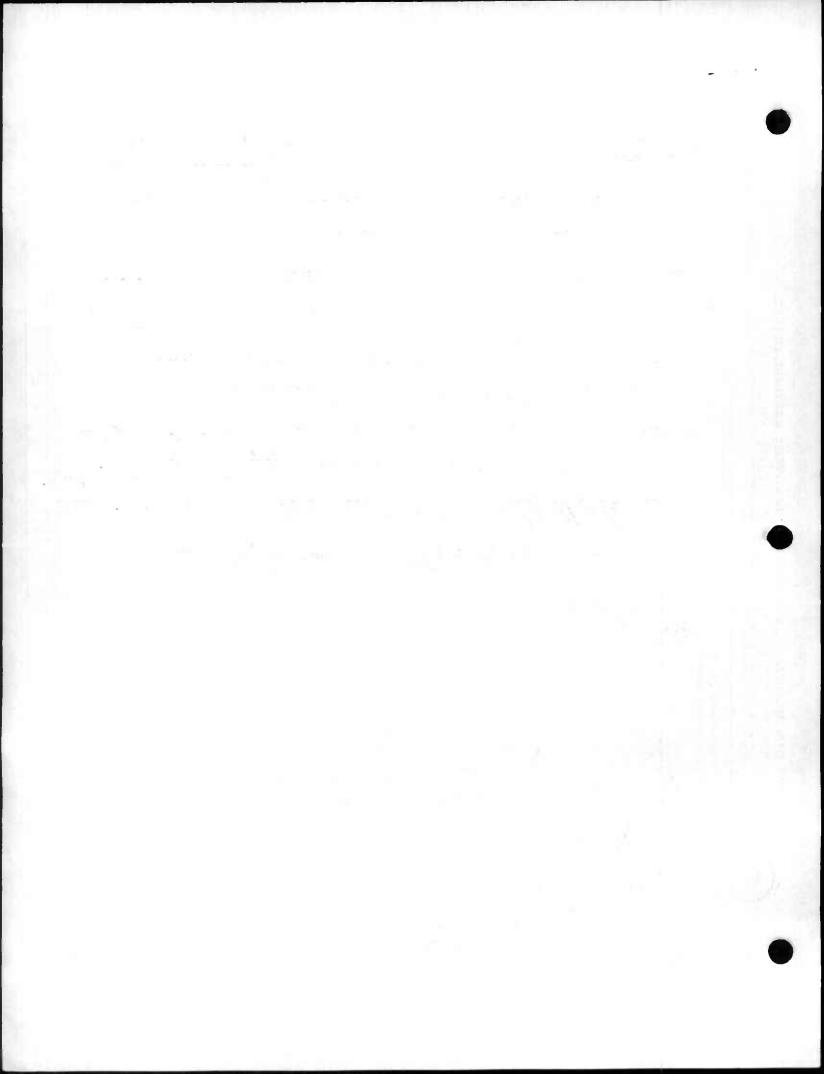
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Edna Catherine Ford 2. DATE OF DEATN 3. TIME OF DEATN YEAR 400 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8, BIRTHPLACE (State or Foreign 214-01-1148 1 M 2 F 75 MONTHS DAYS YRS 02/27/16 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY City Maryland Baltimore 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1309 Pentwood Road 21239 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? ORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 YES 2 NO Specify 3 🕮 Widowed 4 🗌 Divorced White ETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade col Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Housewife Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Catherine Yeager Marcus Beacham BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Serenity Court Marca Wehage 707 Edgewood, MD. 20a. METHOD OF DISPOSITION
1

Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE 4 ☐ Donation 5 ☐ Other (Specify) Green Mount Crematory 01/10/92 Baltimore, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, Inc. 23. PART I. Enter the discessed, or compile tions that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Baltimore, MD. 21206 Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition eta ati(WELLOWE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reculting in death) LAST PART ii. Other significant conditions contributing to death but not recuiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HQSPITAL: OTHER:
4 □ Nursing Name 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation м 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide datermined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 [MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M 11/21/9 le 92 6 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) STOT LOCHPANEN PLUD, BOITMORE unene

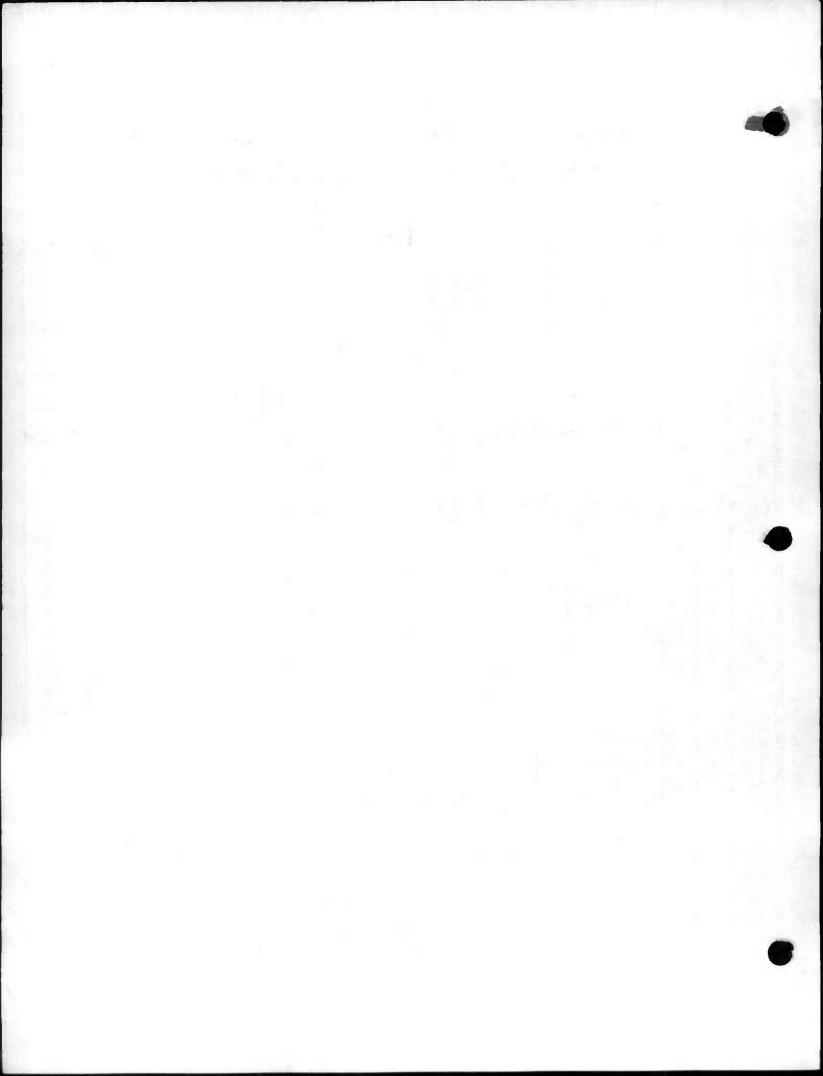
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31. DATE FILED (Month, Day,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2010 or 11 and 20 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in more than director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical typinion must be notified at once.
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	1. OECEDENT'S NAME (First, Middle, Last)			L OI BEATH	2. DATE OF DEATH		3. TIME OF DEATN
	L MARY E	FULLER			MONTH D	2 9	2 8:40 pm
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. les	t birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTNPLACE (State or Foreign
	L-L	DM2 XF 93	YRS. MONTHS	DAYS HOURS MIN.	05 26 0		Country) Hd
_	9a. FACILITY NAME (If not institution, give street	and number)	9b. CI	TY, TOWN OR LOCATION OF		9c. COUNTY	OF DEATN
6	SINAL	OSPITAL		Baltim	ore		
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			Total Busines Great
DIRECTOR	Marvland		Ba +	In ore			10d. INSIDE CITY UMITS?
	10e. STREET AND NUMBER			10f. ZIP CODE		10o. CITIZEN	1 YES 2 NO
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ВУР	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	10	If yes, specify Cuban, Mexi			Black, White, atc.
				/			MISON
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COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S N	IAME (First, Middle, Maiden		
BE C	Charlie Pool	e		Sall	's Fields	ournemay	
	19a, INFORMANT'S NAME (Type/Print) Dar	bara Halter 196	. MAILING ADDRE	SS (Street and Number or Rura	I Route Number, City or Tow	n, State, Zip Co	to) 3509
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	20er METNOD OF DISPOSITION Buriel 2 Cremation 3 Ramoval	from State	ND DATE OF DISPO	SITION (Name of	DATE 20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	Nei	metery or other place	thedral Cen	1-7-92 Bc	a lto 1	rd
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /	22	NAME AND ADDRESS OF	ACILITY	1	
	Mala Y	Rosch		March +	Wabach	A10	
	23. PART I. Enter the diseases, or com	plicetions thet caused the de	ath. Do not ente	ir the mode of dying, su	ch as cardiec or respi	retory arrest	Approximata
	ehock, or heert fellure. List IMMEDIATE CAUSE (Final	only one ceuse on each line.			•		Interval Between Onset and Death
	disease or condition resulting in death)	Sep.	5 S				
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E	resulting in deeth) LAST		30,7				į l
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ă					1 _ YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?
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A N	OF WAS CASS DESCRIPTION TO MEDICAL						
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 15 YES 2 NO	OSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	heck only one)		
PHYSICIAN:	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3	28b. TIME OF	rsing Nome 5 Rasidence 28c, INJURY AT			
	Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. DEŞCRIBE HOW II	NJURY OCCUR	ED .
BY S	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — At hon	ne, farm, street, fa		281. LOCATION (Street a	and Number or F	lural Bruda Number
Ħ I	4 Nomicide determined	building, etc. (Specify)			City or Town, State)		TONIO TOTALO,
COMPLETED	29e. CERTIFIER Check only	: To the best of my knowledge, dea	th occurred at the	time, data and piece and 4	e lo the councie) and and	Dat an etch-d	
<u>₹</u>	one) 2 MEDICAL EXAMINER: O	n the basis of axamination and/or in	vestigation, in my	opinion, death occured at th	e time, data and place, and	d due to the ca	use(s) end manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU			GNEO (Month, Day, Year)
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임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEATH (ITEM	27) (Type, Print)	1	4 :	110	1 4
			C A 1	110			
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	31. DATF FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	VAI	HOSPI	TAL		
	31. DATE FILEO (MONTE DON YOU) JAN 08 1992 July 1992	32. REGISTRAR'S SIGNATURE Wie Devidson-Rondal	LAI	HOSPI	TAL		



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he law requires that the death cent	has been signed by the attending physician and completely filled In by the funeral director, page t Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	n 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH REED FOWLKES 9.08 01 06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreign 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 216-10-2772 1 M 2 D F Vírginia YRS. 04 04 02 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH FOOD SAMARITAN tOSPITA BALTIMORE, MARYLAND RESIDENCE OF DECEDENT the STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1X YES 2 NO Md. Baltimore 10g. CITIZEN OF WHAT COUNTRY? 10a STREET AND NUMBER 10f. ZIP CODE 21218 USA 828 E. 22 nd St 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify 14. RACE — American Indian, Black, Whita, alc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Marrie IF YES. GIVE WAR OR DATES Specify: 3 ★ Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) Furnace Technician Sparrows Point 17. FATNER'S NAME (First, Middle, Last) 18, MOTNER'S NAME (First, Middle, Malden Surname) Ernest Slayton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Mary Carter 509 E. Cold Spring Lane Balto., Md. 20a, METNOD OF DISPOSITION
1 DBuriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Arbutus Memorial Park 4 Donetion 5 Other (Specify) Arbutus Maryland 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md.15 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or hasrt fallure. List only one caus intarvai Between Onset and Death **IMMEDIATE CAUSE (Final** ARDIO PULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): disease pr condition resulting in death) RIGHT CORGERAL INFARCTION UUF Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate FAILURE NAL cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO DE DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO tlant 2 - ER/Outpatient 3 - DOA ne 5 - Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Nomicida 29a. CERTIFIER

(Chart pole)

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

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29d. DATE SIGNED (Month, Day, Year)

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Day, Year)

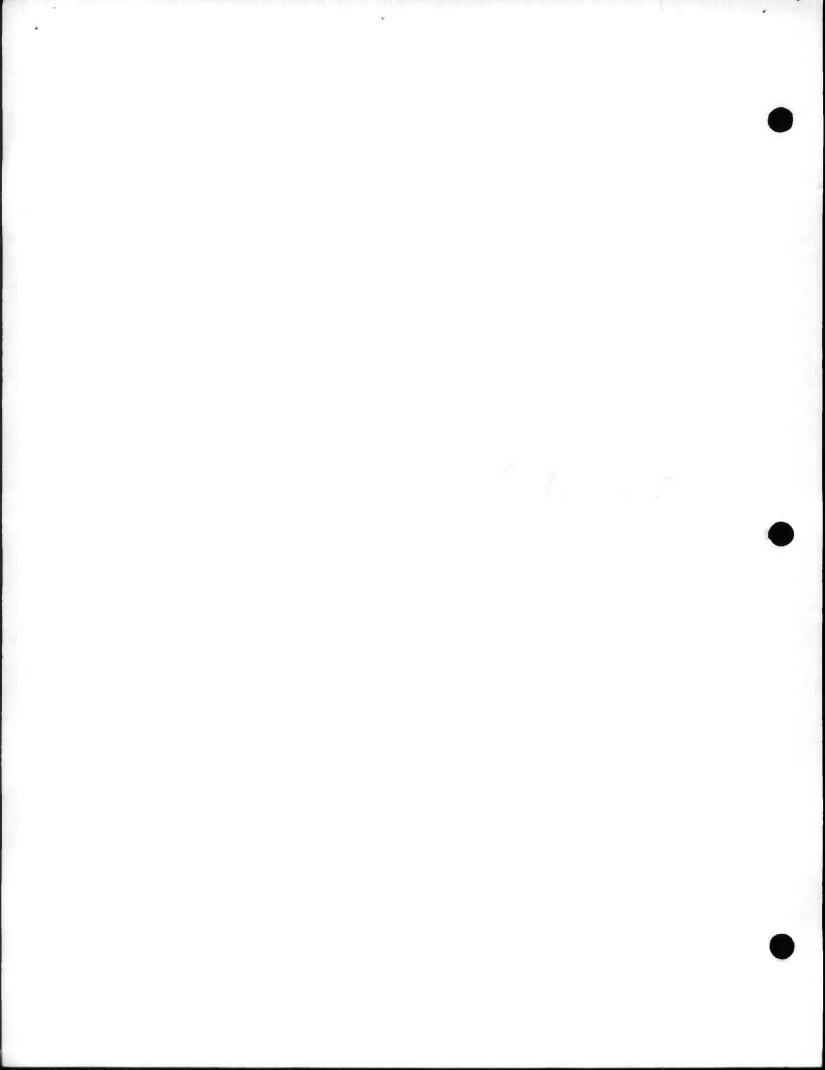
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30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

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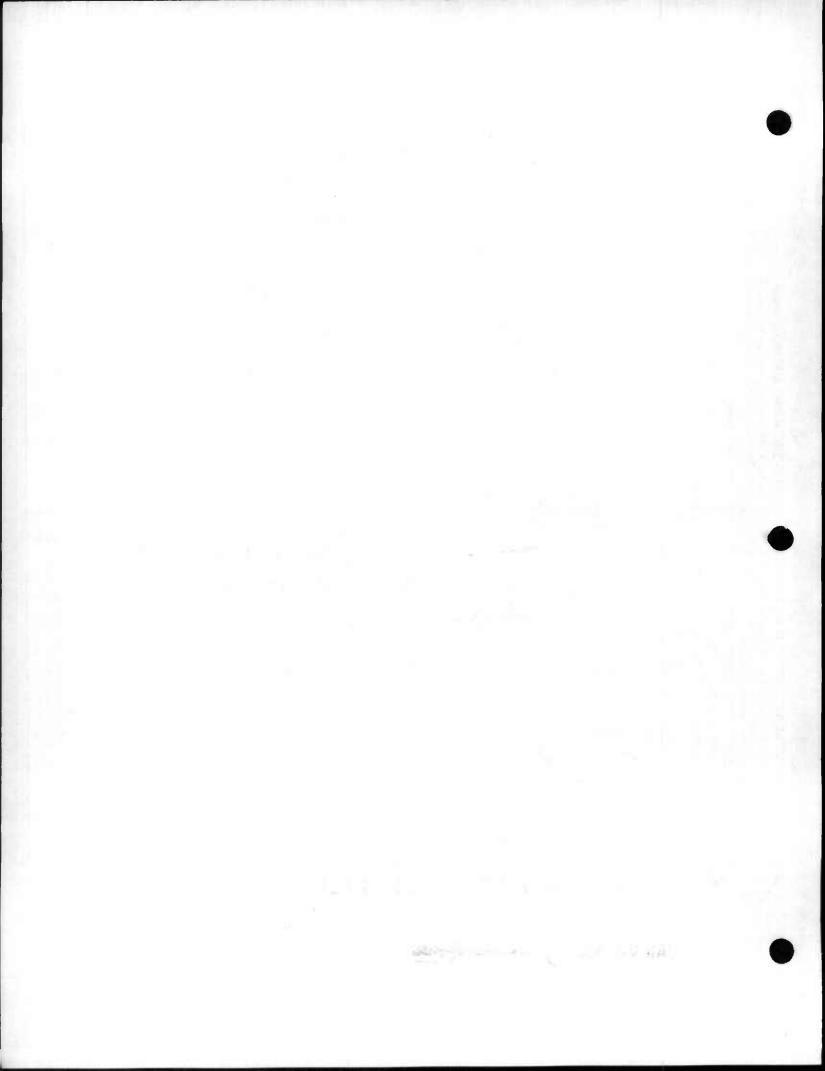
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CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH (ELLIS FEINBERG) YEAR 2130 92 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212-34-6580A 1 M 2 - F 93 10/13/1898 MARYLAND Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE COUNTY GENERAL HOSPITAL DIRECTOR RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MARYLAND BALTIMORE BALTIMORE use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2813 MARNAT RD. 21209 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puerto Rican, etc.) BY 1 YES 2 NO Specify: 3 Widowed 4 Olvorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) MERCHANT RETAIL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MORRIS FEINBERG at FANNIE **BLUMBERG** BE notified 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. IRENE FEINBERG 2813 MARNAT RD. BALTO., MD 21209 99 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE ADATH ISRAEL 1/5/92 BETH ISAAC BALTIMORE, MD medical examiner FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. completely filled in by the rial, cremation, or removal. BALTO 6010 REISTERSTOWN RD 21215 23. PART I. Enter the diseases, of complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heert failure. List only one cause on each line. Approximate Intervel Between IMMEDIATE CAUSE (Final **Onset and Death** the diseese or condition_ resulting in death) traumatic event, DUE TO (OR AS A SONSEQUENCE OF): prior to burial, CERTIFICATION attending physician and Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury injury, or other Mental Hygiene OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST the PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS has been signed by t Dept. of Health and AWAILABLE PRIDR TO shows any COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State certificate HOSPITAL:
Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO marked, or ng Home 5 Residence S Other (Specify) the 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) with 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this 1 Natural 5 Pending Investigation M DIRECTOR: After til 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 28 is DESCOMPLETED 8 Could not be 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide TO THE PAIR OF DIRECT ALL DIRECT AND ALL DIVES A INCOME THE POIR OF THE PAIR O 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of same death occured at the time, date and place, and due to the cause(a) and manner as stated, IGNATURE AND TIME OF CENTIFIER 29d. DATE SIGNED (Morth, Day, Year) 2 6 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE U 8 1992 . w viavidson Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

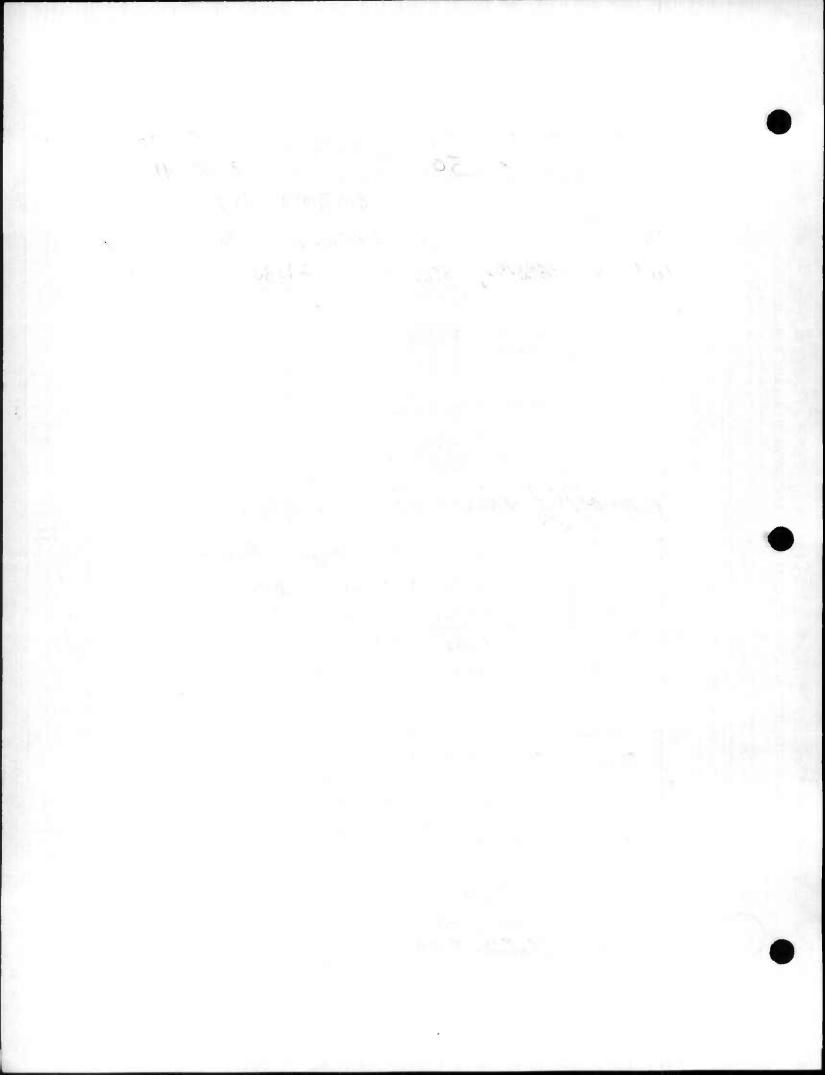




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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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PATRICIA)		icia	Ann Gar	rett		2. DATE OF				3. TIME OF DEATH
	A GAT	RETT					MONTH	5	9	YEAR	0830
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University Ho	spital			BAL	1/11/	RE	CIT		=	====	
10a, STATE 10b, COUN	TY		10c. CITY	, TOWN OR LOCA	TION						10d, INSIDE CITY
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15. DECEDENT'S EDI	UCATION	16a. DE	CEDENT'S I	USUAL OCCUPATION	ON .		16h KI	ND OF BUS	INESS/INE	HICTOV	White
(Specify only highest grad	College (1-4 or 5 +	(G	ive kind of w Do NOT use	ork done during me	st of worki	ng	loo. Ki	10 01 003	MAE 33/114E	OSINI	
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17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	AE (First, Mide	lle, Maiden S	Sumame)		
	William William					Agne	-	i11		0.0	
19e. INFORMANT'S NAME (Type/Print)		191	MAILING	ADDRESS (Street a	nd Numbe	r or Rural F					
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1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, cre	MND DATE O	F DISPOSITION (Na Der place) L Cemete	me of		DATE		ATION -		
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	Cedar	HIII	22, NAME AF		PP OF FAC	1-8	Balt	imor	e, N	Maryland
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23. PART I. Enter the diseases, prescription in the street failure immediate CAUSE (Final disease or condition resulting in death)	Drily Drie Cau	e on each line		T) on			VAIU		etory arr	est,	Approximete interval Betwo
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HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as within 25 hours after death with the Chap fact of Abouth and Manual Livings and a funeral director and a fact of the standard death with the Chap fact of the standard death and Manual Livings and a fact of the standard death with the Chap fact of the standard death and Manual Livings and Manual Li	within 12 yours are used with the State Open or an interest in the state of the sta	֡
HOS	E E	TAN	

Pages 1, 2, 3 should

the burial-transit permit.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Ruth G. Glover 01 04 1992 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 1 M 2 1 F DAYS 71 217 01 1233 10/7/1920 Maryland 9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1104 Rosedale Avenue Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 YES 2 1 NO FUNERAL 10+. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1104 Rosedale Avenue 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yee, specify Cuben, Mexicen, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5 +) 12th Grade Housewife. Home Maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme, ĕ Harry F. BE Meyers Myrtle Fultz 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 John Glover 1090 Montclare Drive Sykesville, Maryland 21784 20s. METHOD OF DISPOSITION

1 Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Glen Haven Memorial Park 11-7 Glen Burnie, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwv. Baltimore, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the shock, or heart fallure. List only one cause on each line. Approximate Interval Betw IMMEDIATE CAUSE (Final Onset and Deat disease or condition resulting in deeth) CERTIFICATION Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE O thet initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 PONO OTHER: lent 3 🗆 DOA 8 Other (Specify) DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 🔲 Suicide Could not b COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicid 28 IMPORTANT: If item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAM of examination end/or investigation, in my opinion, 295 SIGNATURE AND TITLE OF CAS

DEATH (ITEM 37) (Type, Print)

29c. LICENSE NUMBER

206 Crain Hwy. S.W.



FUNERAL I

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Subong, Jr.

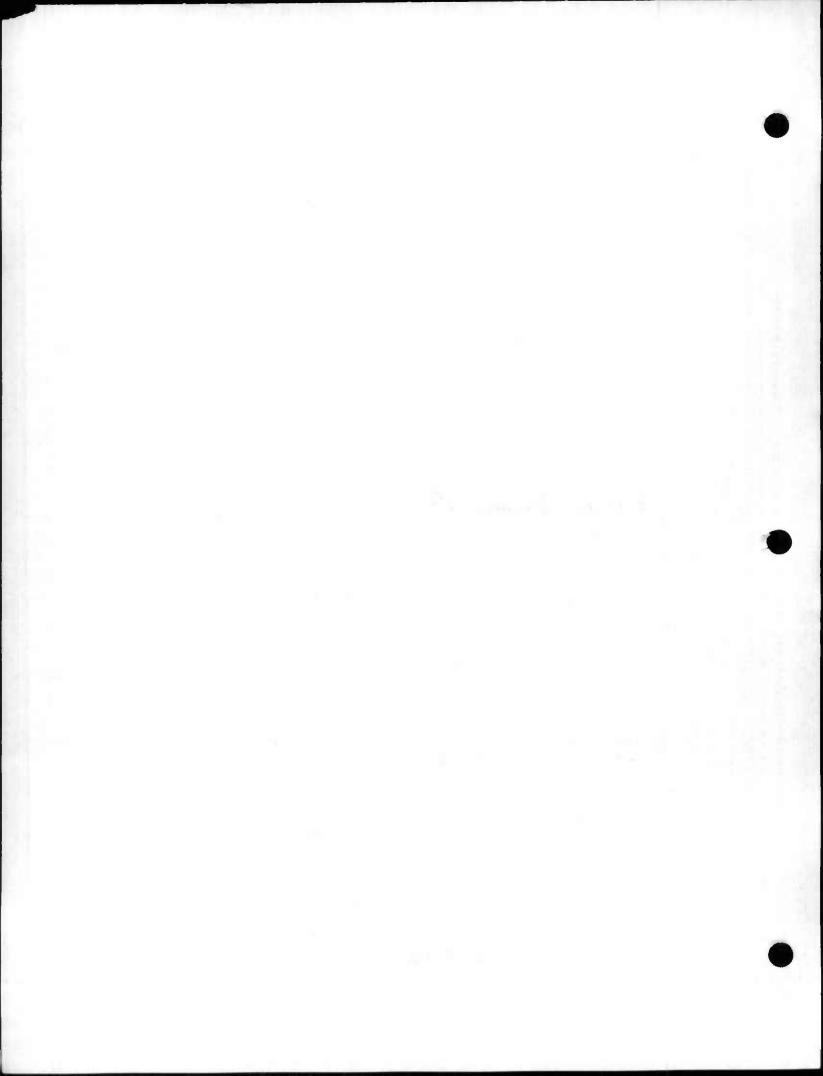
1992

JAN 08

M.D.

whia Savidson

Glen Burnie, Md. 21061



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

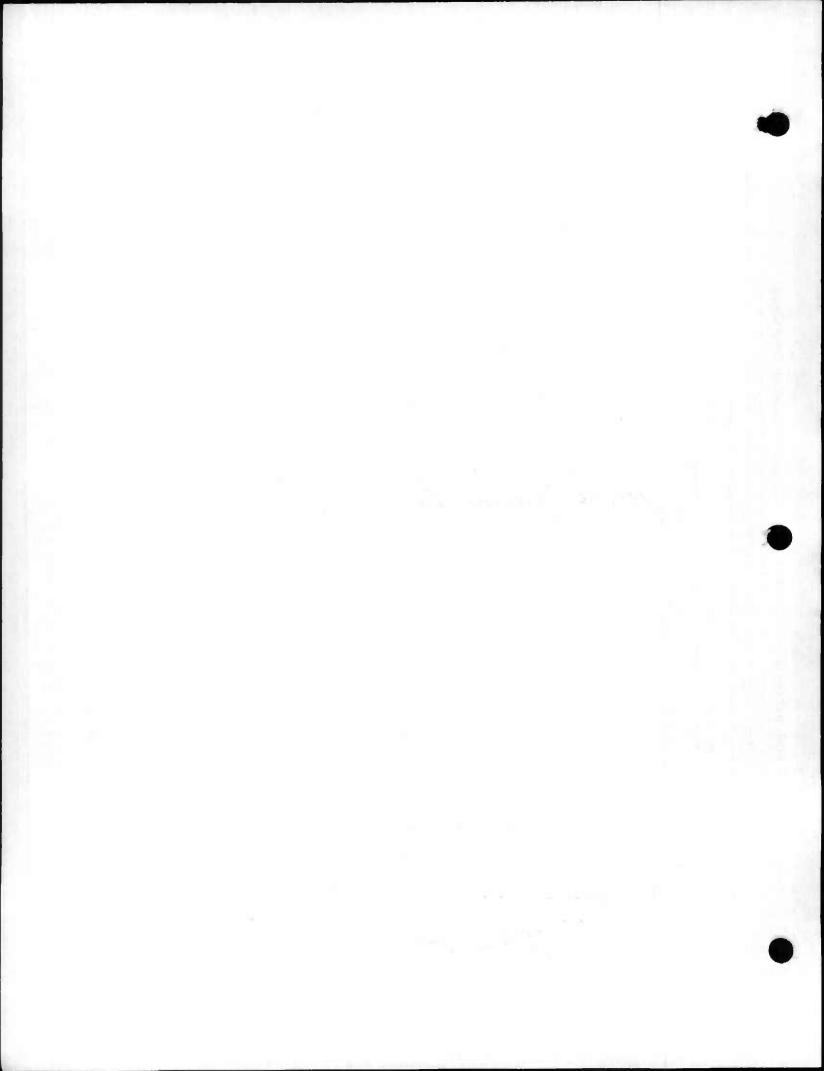
												9	2 0	02	5
	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMEN	T OF H	DEAT	AND	MENTA	L HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF	DEATH	_
		Adam	W. Heli	mstet	ter				MON'	. J	AY 1	YEAR	2:00) P.	N
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Id	st birthday)		R 1 YEAR	IF UNDER	-		OF BIRTN		8. BIRTH	PLACE (State		
	217 07 3275	1 X M 2 □ F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	5/2	22/1910		Ma	" rylan	d	
~	9a. FACILITY NAME (If not institution, give						OR LOCATI	ON OF D	EATH	-	9c. COU	NTY OF D	_		
5	Meridian Nursi	ing Home			Ba	ltim	ore				A	nne .	Arund	el	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c CIT	V TOWN	OR LOCAT	HOM								=
DIRECTOR	Maryland ===				ltim		ION					ı	10d. INSIDE	37	
	10e. STREET AND NUMBER					101	. ZIP CODI	E .			10- 017	7511 05 11	HAT COUNT		_
FUNERAL	4009 - 6th Stre	eet				"	212						THAT COUNT	HY?	
Z	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T-EVER IN U.S. ^	9MED	13.	WAS DEC			NIC OBIGI	N? (Specify Yes		S.A.	— America		_
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	AR OR DATES	NO		If yes, spe	ecify Cuba 2 X NO	m, Mexica	an, Puerto	Rican, etc.)	I OF NO.	Black	, White, etc.	n Indian,	
ВУ	3 Wildowed 4 Divorced					1 100	2 <u>1/4</u> NO	apecn	y.			Specif	Whi	te	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	18a, D	ECEDENT'S Give kind of	USUAL O	CCUPATIO	ON st of workin	20	168	. KIND OF BU	SINESS/IND	USTRY			
E	Elementary/Secondary (0-12)	College (1-4 or 5 +	-) His	B. Do NOT ut	se retired.)										
MP			M	ainte	enanc	re Me	echan	lic		Fire :	Brick				
	17. FATNER'S NAME (First, Middle, Last)	- 1					18. MOTH	NER'S NA		Middle, Maiden	,				
BE		John H.							Sue	Rebeco	a Sh	oemal	ker		
9	19a. INFORMANT'S NAME (Type/Print) Arline Milewski		11	625	ADDRES	S (Street a	nd Number	or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	A 210	200	
	20a, METHOD OF DISPOSITION							Jau	PILL	thicum				190	_
	1 X Burlat 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	206. PLACE cemetery, cr Glen	AND DATE (OF DISPOS ther place)	SITION (Na	me of		1-0		CATION —				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Greu	Have									, Mar	yrand	а —
	. ()	-7		1	"	eorg	je J.	GO	nce :	Funera	1 Hom	e P.	Α.		
	Juone	manne	round	u						. Balt			. 212	225	
	23. PART I. Enter the diseases, of ehock, or heart fellure.	complications that List only one cau	ceused the de	eath. Do r	ot anter	tha mod	da of dyl	ng, suc	h as can	diec or reapi	ratory arr	est,		oximate	_
	IMMEDIATE CAUSE (Fine)	and the second												rai Between	
	disease or condition resulting in death)	. Pneu	monia F	Right	Lune	g									
- 1		DUE TO	OR AS A CONSE	QUENCE OF	F):										_
NO N	Sequentielly list conditions,	Inf]	uenza												
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	OUENCE OF	う :										
5	CAUSE (Diseese or injury that initiated events	c Park	insons OR AS A CONSE	Dise	ase_								_		
E	resulting in death) LAST		sepsis	OULHOL OF	,.										
8													<u> </u>		_
Ä	PART II. Other algnificent condition		deeth but not	resulting i	n the un	derlying	ceuse g	íven in	Part I.	24a. WAS AN PERFOR			WERE AUTOP		S
8	Senile Dem	entia								1 TES 2			COMPLETION OF DEATN?		
M	Arterio-Sc	lerotic C	Cardio-V	ascu.	lar 1	Dise	ase						1 TES 2	NO	
PHYSICIAN: MEDICAL															
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	eck only or	e)					
YS	1 Tes 2 NO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3	□ DOA	QTHEF 4X Nun	ing Home	5 🗆 Res	sidence	6 🗆 Otha	(Specify)					
H	27. MANNER OF DEATN 1 X Natural 5 Pending	26a. DATE OF (Month, Da		26b. TIME		28c. INJU WOF			26d. DES	CRIBE NOW I	JURY OCC	URED			
B	2 Accident Investigation				M		ES 2 🗌	NO							
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE Of building, a	INJURY — At ho itc. (Specify)	me, farm, a	treet, fact	ory, office			26f. LOC. City	ATION (Street a or Town, State)	nd Number	or Rural Ro	oute Number,		
<u> </u>	an opposition														_
MP	29a. CERTIFIER (Check only one)	CIAN: To the best of	my knowledge, da	ath occurre	d at the ti	me, data a	and placa,	end due	to the cau	se(a) and man	ner es state	d.			
COMPLETED	2 MEDICAL EXAMINE		amination and/or	Investigation	n, In my o	pinion, de	ath occure	d at the	time, deta	and placa, and	dua to the	cause(a)	and manner	es stated.	
BE	296. BIGNATURE AND TITLE OF CENTIFIES	· D					29c. LICEI	NSE NUM	MBER		29d. DATE	SIGNED (Month, Day,	Year)	_
2	How ho In	M.D.	Attend	ling :	Phys	icia	n D	1416	50		▶ 0.	1-03-	- 92		
- 49	II. HAME AND ADDRESS OF PERSON WN	O COMPLETED CAUS	E OF DEATH (ITE	М 27) (Туре,	Print)			0 1	14 2	1225					_
- 1	Harjit Cingh, M.D.,	54 1U-A R	recure i	TAUM	ay,	Dalt	TINCE	e, M	M. 2	1440					



31. DATE FILED (Mentity Port 1992

June Davidson Aufelia



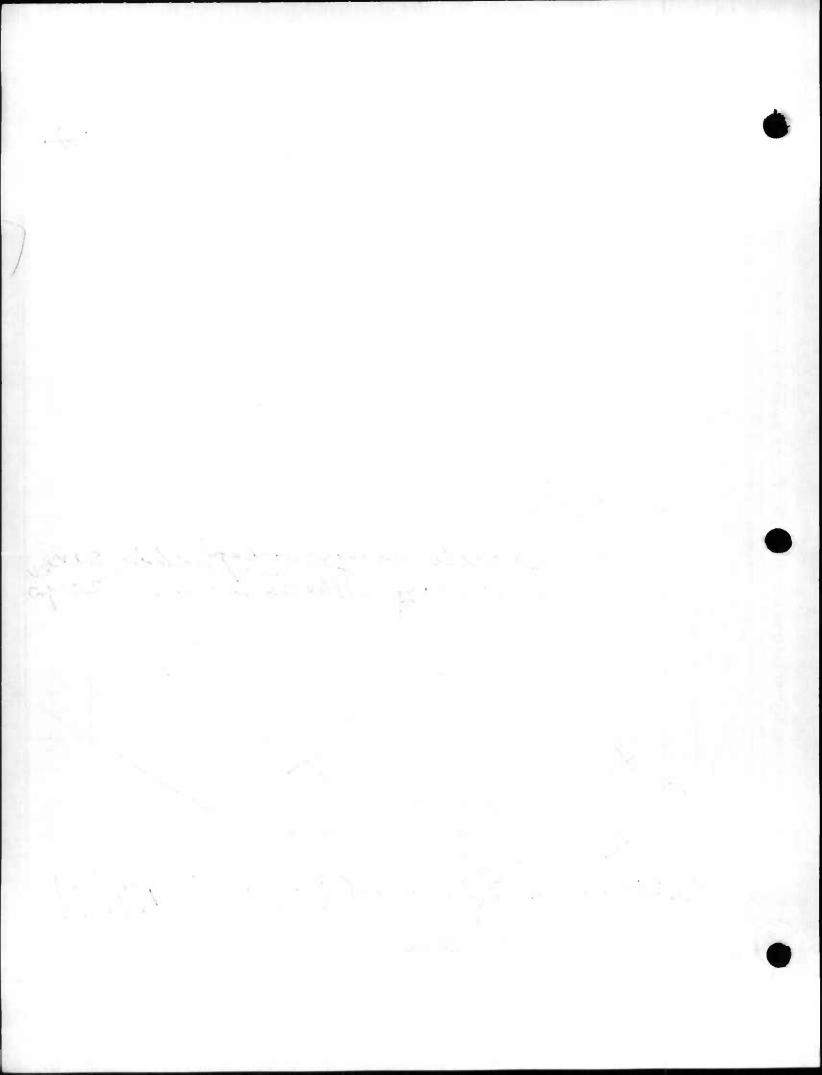


	1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MEN	ITAL HYGIEI		long.	00252
	1. DECEDENT'S NAME (First, Middle, Last)	Lee E							M	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	YEAR	IF UNDE	R 24 HRS.	7.0	ATE OF BIRTH	<u>6</u> 1	992	IPLACE (State or Foreign
-	176 16 3958	1 🔀 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(1	Month, Day, Year)		Count	
	9a. FACILITY NAME (If not institution, give :	street and number)			9b, CITY,	TOWN C	R LOCAT	ION OF DE	L6	/10/191		JNTY OF D	nnsylvania_
DR	Harbor Hospita	1 Contor					ore						
3	Harbor Hospita				Dal	LUIII	юте		.ty				
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OF		ION						10d. INSIDE CITY LIMITS?
		e Arunde	11	Ba	ltimo	ore							1 TES 2 TO NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CI1	IZEN OF V	WHAT COUNTRY?
W	103 - 9th Avenu						212				U.	S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. W	AS DEC	ENDENT (OF HISPAN	HC OF	HGIN? (Specify Yearto Ricen, atc.)	a or No—	14, RACI	— American Indian, k, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE V					2 NO			into mount ato.)		Speci	Mv:
	15. DECEDENT'S EDU	World		CEDENTIC	USUAL OC	CHRATIC							White
ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	ve kind of Do NOT u	work done di	uring mo:	st of worki	ng		16b. KIND OF BU	ISINESS/IN	DUSTRY	
PL	12th Grade	College (1-4 or 5		nage	r				- 1	Proct	or _	Camb	NI O
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110	nage			18. MOT	HER'S NA	ME /E	irst, Middle, Maider		Gaille	vie
		Albert C	. Hornbe	raer			10. 11.01			et A. C		chel	1
) BE	19a. INFORMANT'S NAME (Type/Print)				ADDRESS	(Street o	nd Number			Number, City or Tov			
10	Ethel M. Swisher												gs, Pa. 170
	20e. METHOD OF DISPOSITION 1 1 1 1 1 2 □ Cremetion 3 □ Rem		20b. PLACE A	ND DATE	OF DISPOSIT	TION (Na	me of				CATION -		
	4 Donation 6 Other (Specify)	oval from Stata	cemetery, crei	matory or o	ther place) 1 Cen	ete	ry		1				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. N	AME AN	D ADDRE	SS OF FAC	CILITY				
	* Kukara	l & &	any							Funera			
	23. PART I. Enter the diseases, or	complications the	t caused the de-	eth Do r	40	101	RITC	nie	HW	y. Balt	imore	e, Mo	1. 21225
	stock, or fleet fellule.	List only one ceu	se on eech line.		OC CINES (ne mo	ie oi ay	my, sucr	1 05 0	cardiec or reep	iratory sr	reet,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0	10						1	and	7	-	Onset and Death
- 11	resulting in death)	DUE TO	(OR AS A CONSEC	UENCE OF	7:	10	jc «	4	n	101	cre	on	Succe,
z		011-	non	٠.	1	1+2	100	TE	-	for ero:	2.1		2040
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		IOR AS A CONSEC	UBNC: OI	7:		(- 1	2,00	3		To mo
S	CAUSE (Disesse or Injury	c		V									11 .
H	thet initieted events resulting in death) LAST	DUE TO	JOR AS A CONSEC	UENCE OF	7):								
H	readiting in death) EAST	d,											
7	PART II. Other significant condition	e contributing to	death but not re	suiting	n the und	erivina	CAUSE C	liven in i	Part I	. 24a. WAS AN	ALITYODOV	1 000	WERE AUTOPSY FINDINGS
2						,		g	att.	PERFO		240.	AMILABLE PRIOR TO COMPLETION OF CAUSE
요										1 TYES 2	. □ NO		OF DEATH?
2													1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26 PI	CE OF D	EATH (Che	ok ont	1 000			
Sic	1 YES 2 NO	HOSPITAL:	FR/Outpetient 3	DOA	OTHER:		\	*					
PHYSICIAN: MEDICA	27. MANNER OF BEATH	28s. DATE OF	INJURY	28b. TIM	E OF 2	Bc. INJU	D AT	alderice (Other (Specify) DESCRIBE HOW I	NJURY OC	CURED	
ВУ	1 Natural 5 Pending Investigation	(Month, Di	ly, 10ar)	INJ	M	1 Y		NO					
	3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At hon atc. (Specify)	ne, farm, s	treet, factor	y, office			261. L	OCATION (Street	and Number	or Rural A	oute Number,
	4 Homicide determined		are: (opeony)						(Olty or Town, State)			
PLE	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, das	th occurre	d at the tim	e, data r	nd place.	and due t	o the	cause(s) and ma-	anner no etel	ad	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beals of ax	amination and/or in	vestigatio	n, in my opi	nion, de	ath occur	ed at the t	lme, d	lete and plece, an	d due to th	a cause(a)	and menner as stated.
Ö	29b-SIGNATURE AND TITLE OF CERTIFIER					1		NSE NUMI				E SIGNED	-
m 4	William	7/7	On.	1	-		00	9	17	15	≥ 0. UM	170	791
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	OF DEATH (ITEM	27) (Туре,	Print)	Щ,		1	1	0	/	11	H



31. DATE FILED MONTH 89. 1992

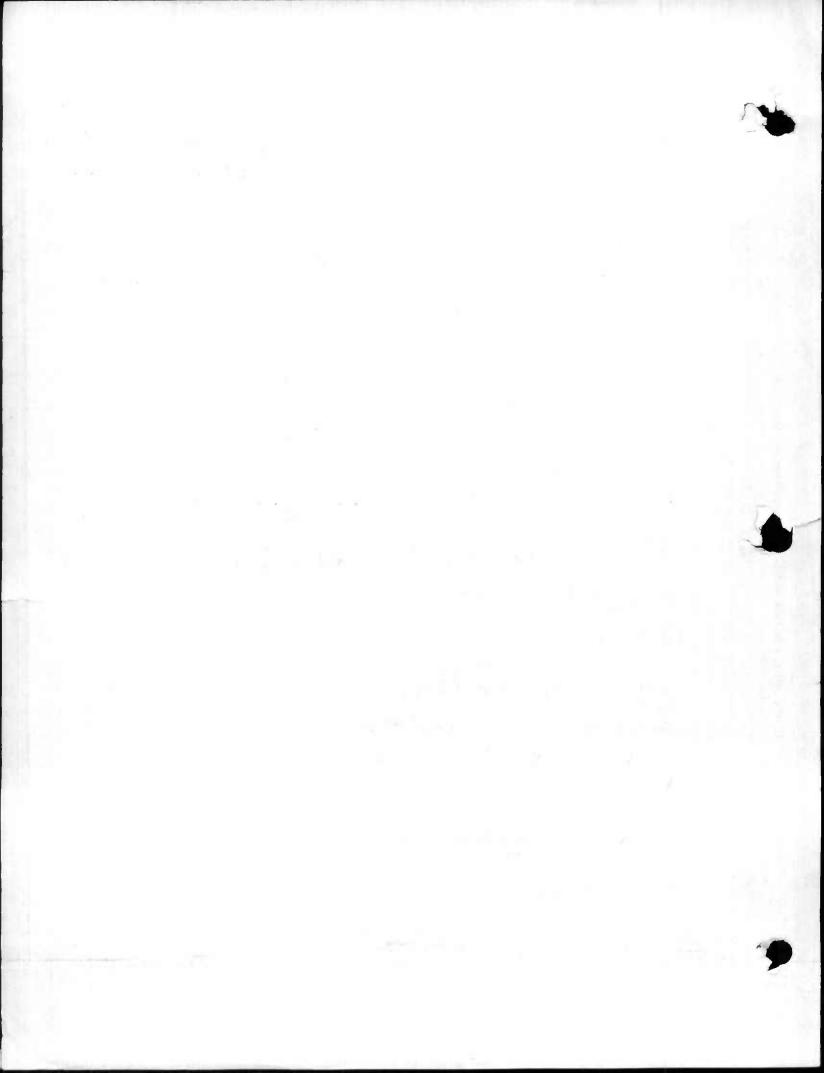
DHMH-16 Rev 1/89



TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a site death. Page 6 in	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely himse in by the funeral director		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
. Pag	raldi		iner
death	fune	_	ехап
after	by th	The Min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	ical
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	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. I	OV		
	1. DECEDENT'S NAME (First, Middle, Last HIGG: N S. 4. SOCIAL SECURITY NUMBER	enrietta	NRIETTA	HIGGINS)	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 7. DATE OF BIRTH	DAY	72	9.45a
	217-16-6003 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🖫 🗐	79 YRS.	MONTHS DAYS	HOURS MIN.	5/26/	1/3	Country)	S.C.
DIRECTOR	FRANCIS SCOTT KE			BALTI	MORE		30.000		
	10a. STATE 10b. COUN	ПУ		LTIMORE				1	Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	2702 BERYL AVEN	UE 12. WAS DECEDENT EVER A	NII C ADMICO		21205			J.S.A	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 VNO	if yes, ap	DENDENT OF HISPA Hecify Cuben, Maxic S 2 NO Speci	NIC ORIGIN? (Specify an, Puarto Rican, etc.) fy:	Yaa or No 1	Black, \ Specify:	- American Indian, Whita, atc. BLACK
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 6th	UCATION de completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	16b, KIND OF	BUSINESS/INDU	STRY	
BE	17. FATHER'S NAME (First, Middle, Last) RESSE JACOBS 19a. INFORMANT'S NAME (Type/Print)					AME (First, Middle, Maid			
0	RUTH HEATH 200. METHOD OF DISPOSITION	1	2702	BERYL AV	/E./BALT		21205		
	1 Burlal 2 Gremation 3 Rei 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	movel from State	ALTIMORE	CEMETER 22. NAME AN	ND ADDRESS OF FA	BAI	TIMORE	, MD	
	priock, or realt failure	complications that cause. List only one cause on a	d tha death. Do i			th as cardiac or re-			Approximate Interval Batw
	shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. Subacut e DUE TO (OR AS A DUE TO (OR AS A	d tha death. Do r ach lina.	io in fee	eda of dylng, suc	h as cardiac or re	spiratory arrea		Approximate Interval Batw
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. MEDIONE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions and the cause of the conditions of the cause	a. SUBACUT P. DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d. C. OUE TO (OR AS A d. C. OR AS A D. OR AS A D.	d the death. Do not ach line. But of the consequence of consequence of consequence of the consequence of th	TO In fee	g cause given in	Part I. 24a. WAS PERF 1 YES	AN AUTOPSY ORMED?	24b. WI AV	Approximate Interval Batw Oneat and Do Salva Sal
The state of the s	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions of the conditions of th	a. Subacut e DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d. Due TO (OR AS A	d tha death. Do nach lina. but of consequence of consequence of consequence of consequence of the consequen	TO In fee	g cause given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 100	24b. W/AW	Approximate Interval Betwo Oneat and D
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	1 - STATE REGISTRAR	OINIE OI	CE	RTIF	ICATE	OF DEA	TH	REG. NO.	t		,	
	1. DECEDENT'S NAME (First, Middle, Last)						:	DATE OF DEATH		YEAR 3. T	IME OF DEATH	1
	Thomas Hardy							¥1 4		92	10:25	M.C
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER 1 Y		R 24 HRS. 7	DATE OF BIRTH		. BIRTHPLAC	E (State or Fore	
	226-18-8211	1.X M 2 F	74	YRS.	MONTHS D	AYS HOURS	MIN.	1/16/191	7	VTCTC	RIA,	VA
	9a. FACILITY NAME (If not institution, give					OWN OR LOCATE	ON OF DEAT	'H		Y OF DEATH		7.22
OR	CHURCH HOSPIT	TALCORP.			BA	LTIMOI	RE CI	TY				
5	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR I	LOCATION				10d.	INSIDE CITY	
	MARYLAND BAL'S	IMORE (0.							1	YES 2 N	10
RA	100. STREET AND NUMBER					10f. ZIP COD			10g. CITIZE	EN OF WHAT	COUNTRY?	
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	(Specify only highest grad	completed) College (1-4 or 5	(Gh	ne kind of v Do NOT us	work done duri	ng most of workli	ng	Tool Kills of Sos	11423711400	aini		
릴			''									
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAME	(First, Middle, Maiden	Surname)		-	
BE C	THOMAS HARDY							IARDY				
	19e. INFORMANT'S NAME (Type/Print)		19b.	. MAILING	ADORESS (S			ite Number, City or Town	, State, Zip C	iode)		
5	CATHERINE HAR	DY						LTO. CO			22	
	20a METHOD OF DISPOSITION 1 LA Burlet 2 Cremetton 3 Rem	comi team State	20b. PLACE A	NDDATE	OF DISPOSITION	N (Name of				ty or Town, S		
	4 Donation 5 Other (Specify)		SACRE	D H	SART	OF JE	SUS (EM DUN	DALK	, MAF	RYLANI	D
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	. 1	_	22. NAI	ME AND ADDRE	SS OF FACIL	TY P CON	TATTAT	EDAT	HOME	
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100	23. PART I. Enter the discesses, or	complications the	of caused the dea	th. Do r	ot enter the	mode of dv	ing such s	1115 LGITLD	HVI.	NOE 2	Approximat	
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	disease or condition	AS	0110								Onset and	Death
	resulting in death)	-	(OR AS A CONSEC	UENCE OF	n:					-		
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S	CAUSE (Disease or injury	c										
=	that initieted events	DUE TO	(OR AS A CONSECU	UENCE OF	7:							
H	resulting in death) LAST	d										
	PART II. Other algnificant condition	ne contributing to	death but not re	sulting	n the under	riving cause (niven in Pe	rt I. 24a, WAS AN A	UTDBEV	Oak Went	AUTOPSY FINE	
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Σ								-		1 🗆	YES 2 NO	·
¥	25. WAS CASE REFERRED TO MEDICAL					8. PLACE OF D	EATH /Chark	anti and				-
PHYSICIAN:	t YES 2 NO	HOSPITAL:	ER/Outpetient 3	7004	OTHER:							-
Ä	27. MANNER OF OEATH	28e. DATE OF		28b. TIM		Home 5 Re		Other (Specify)	ILIBA OCCII	DED		
	1 Netural 5 Pending	(Month, E	Pay, Year)	INJ	URY	WORK?		a. OLÇONBE NOW IN	30H7 OCCO	HED		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At hom	ne, farm, s				of. LOCATION (Street or	od Number or	Rural Bouta A	lumbar	\dashv
E I	4 Homicide determined	building,	atc. (Specify)					City or Town, State)	o realization of	Today Floorio	ornos,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	CIANA To the best of			0.00-0-0							
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				vvatigatio	n, m my opim	on, death occur	ad at the tim	e, date end place, end	due to the	ceuse(a) end	menner ee stal	led.
	205 SIGNATURE AND TITLE OF OCCUPANT			-	-	200 1105		R	204 DATE O			
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	P M	11	/	1	29C. LICE	NSE NUMBE	23	ZNG. DATE S	IGNED (Monti	h, Day, Year)	
	More	M	1	V_)	D	398'	83	▶	GNED (Mont)	h, Day, Year)	
BE	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETEO CAU	SE OF DEATH LITEM	(7) (7)(94)		D	398	83	>	4/9	2	
BE	More	10 COMPLETEO CAU	SE OF DEATH (ITEM	R7) (7)(94)		Dufe	398	83 Day 100	>	4/9	2	

TO THE PARTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 70 are death. Page 6 may be retained by the hospital or attending physician.

TO THE ENVERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, and in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyghens prior to burial, certains, or removal.

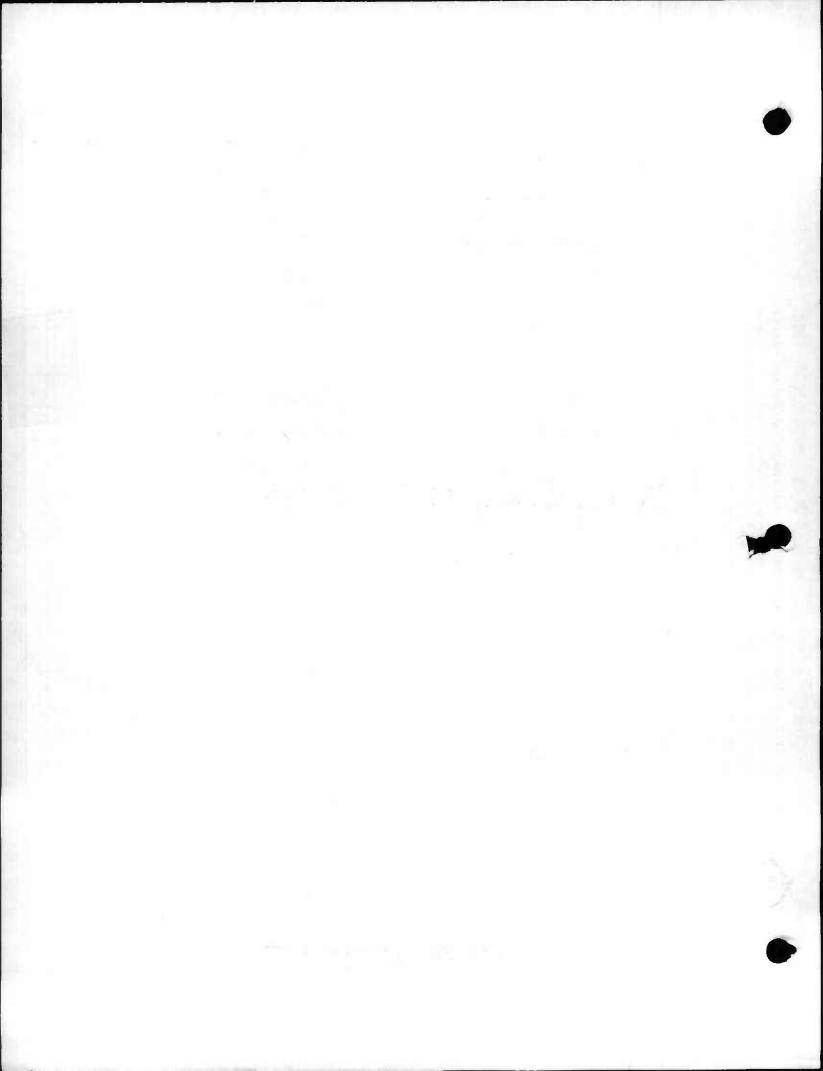
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JAN 08 1992

Julia Davidson-Handale



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and semperatures of the fact of the contract that dend the designed by according to the second softied
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death certificate b	e attending physicia Aental Hygiene prior	ury, or other tra	
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PHYSICIAN: The la	this certificate has	arked, or Item 2	
TENDING	DR: After fler death	8 Is m	

92 00255 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Ţ,	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	E	00255
1	1. DECEDENT'S NAME (First, Middle, Last)	HOGAN			2. DATE OF DEATH DA	y 91	3. TIME OF DEATH 2 10 25 A M
1 186	4. SOCIAL SECURITY NUMBER 386-58-2399 9a. FACILITY NAME (If not institution, give a	X M 2 □ F 36	YRS. MON	NOER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) 7-21-19 DEATH		
HOL	Baltimore Coun	ty General	Hosp. F	Randallstown	, Marylar	d Ba	altimore
AL DIRECTOR	10s. STATE 10b. COUNT	imore	1.5	WN OR LOCATION Allstown 101. ZIP CODE		10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2/1/NO I OF WHAT COUNTRY?
BY FUNERAL	69 Mountain Gr 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	een Circle 12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	21207 13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 VES 2 NO Specific	an, Puerto Rican, etc.)	US 7 or No- 14.	RACE American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Callege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Salesma	done during most of working red.)	Agfa C		graphics
	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden		
TO BE	Eugene Hogan 19a. INFORMANT'S NAME (Type/Print) Barbara Renee	Hogan (Wife	The second secon	ROSa PRESS (Street and Number or Aura Intain Green		n, Stata, Zip Co	
	20a, METHOD OF DISPOSITION X Spurial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATORE OF FUNERAL SERVICES	noval from Stats 20b	PLACE AND DATE OF		DATE 20c. LOC 1-6 Pik	CATION — City Cesvil	or Town, State le, Md. Jones F.H.
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ethal pulmon	any fibras	i	
1	PART II. Other algoriticant condition Aspergillor Anoxic	ns contributing to death being Cupper encephalo	lobe	na underlying cause given i	n Part i. 24a. WAS AN PERFOR	MED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	, o	26. PLACE OF DEATH (C	Check only one)		
BY PHYSICIAN: MEDIC	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	25a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Residence 28c. INJURY AT	5 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	RED
	2 Accident 3 Suicide 4 Homicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec		t, factory, office	281. LOCATION (Street a City or Town, State)		Rural Route Number,
COMPLETED	const.			t the time, data and place, and di			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	e MD.	ATH (ITEM 27) (Type. Pri	29c. LICENSE N	UMBER 429	29d. DATE S	IGNED (Month, Dey, Year)
		SICA, M.D. 32. BEGISTRAR'S SIGN White Davidson-Har	- BALTIA		HY GENER	AL H	COSPITAL

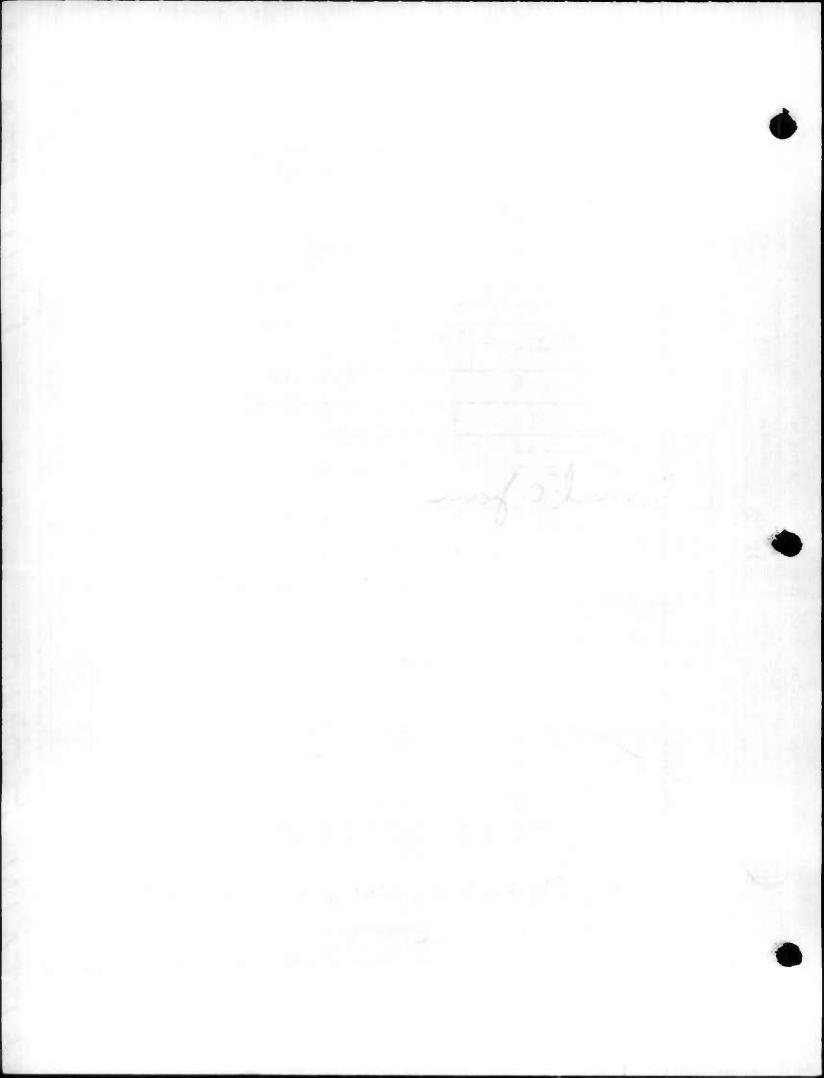
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

15. MATHER'S NAME (First, Middin, Mailbert 16. MOTHER'S NAME (S. BIRTHPLACE (State or Foreign Country) S. BIRTHPLACE (State or Foreign Country) S. West Virginia S. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? LIM
A SOCIAL SECURITY NAMES (**) A SOCIAL SECURITY NAMES (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY NAMES (**) A CONTROLOGY (**) A SOCIAL SECURITY SE	S. BIRTHPLACE (State or Foreign Country) West Virginia 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 11X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA OF NO- 14. RACE — American Indian, Black, White, etc. Specify: Black NESS/INDUSTRY LY Administration Numame) State, Zip Code)
TO THE PART I. Enter the diseases, or complications triangle used the death. Do not anter the mode of dying, such as cardiac or response. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 20. A. PLACE OF DEATH CALLEY. 23. PART I. Enter the diseases, or complications triangle used the death. Do not anter the mode of dying, such as cardiac or response. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 20. Was personed by CALLEY. 24. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 20. Was personed by CALLEY. 25. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 20. Was personed by CALLEY. 26. PLACE OF DEATH CALLEY CALLEY. 27. PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the Part II. 20. PLACE OF DEATH (Chock day) on the part II. 20. PLACE OF DEATH (Chock day) on the part II. 20. PLACE OF DEATH (Chock day) on the part II. 20. PLACE OF DEATH (Chock day) on the part II. 20. PLACE OF DEATH (Chock day) on the part II. 20. PLACE OF DEATH (Chock day) on the part II. 20. PLACE OF DEATH (Chock day) on the part II. 20. PLACE OF DEATH (Chock	10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 11X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA OF NO- 14. RACE — American Indian, Black, Whita, etc. Specify: Black NESS/INDUSTRY LY Administration Curname)
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TO. STREET AND NUMBER 160.3 Spray Court 1. (AND TIAL STATUS 1. (I. MANITIAL	USA or No- 14. RACE — American Indian, Black, White, etc. Specify: Black NESS/INDUSTRY LY Administration Durname) State, Zip Code)
15. DECEDENT'S EDUCATION (Coposity only highest product completed) Elementary/Secondary (P-12) 12 College (1-4 or 5 +) 12 Construction 16. DECEDENT'S USUAL OCCUPATION (Construction) 18. MOTHER'S NAME (First, Middle, Last) Jessie Harvey Sr. 19. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 18. MOTHER'S NAME (First, Middle, Last) Jessie Harvey Sr. 190. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Rural Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Packs Number, City or To 180. MAILING ADDRESS (Street and Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or R	or No- 14. RACE — American Indian, Black, White, etc. Specify: Black NESS/INDUSTRY LY Administration Jurname) State, Zip Code)
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23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or responsible to the condition of the	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OF DEATH?
2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street	1 TYES 2 NO
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Significant and the determined building, atc. (Specify) 29a. CERTIFIER (Check only onle) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and the cause(a) and my onle)	IJURY OCCURED nd Number or Rural Route Number,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER	nd Number or Rural Route Number,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)	nd Number or Rural Route Number,
31. DATE FILED (Month, Day, Your) JAN U 8 1992 JAN U 8 1992 JAN U 8 1992	nd Number or Rural Route Number, ner as stated. If due to the cause(a) and manner as stated.



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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

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THUDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	In The this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shv	h the State	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
YHY DNIC	After this	death with	market
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 50 PH Higgins Dennis 4. SOCIAL SECURITY NUMBER 5. SEX 7 DATE OF BIRTH 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 215-46-6351 DAYS HOURS 1 KM 2 F 43 YRS. 48 mi 98. FACILITY NAME (If not institution, give street and number)
Stella Maris Hospice 9b. CITY. TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Towson DIRECTOR RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Ba Ma 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY? 21217 510 restman .S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merr BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind at work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) th 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surne Higgins Howard BE 19a. INFORMANT'S NAME (Type/Print) Rural Route Number, City or Town, State, Zip Code)
Man St Balty 2 21217 502 HUMA 6 MMa sotman METHOD OF DISPOSITION
Burlet 2 Cremation 3 20b. PLACE AND OATE OF DISPOSITION (Nam 20c. LOCATION OATE Star Catonsville, Donation 6 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wes adus 3 bash 00 10 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one Interval Between **Onset and Death** IMMEDIATE CAUSE (Final . Desseminated mycobacterium Avium
DUE TO (OR AS A CONSCOUENCE OF): FATRACELLULARE disesse or condition resulting in death) Aquired Immune Deficierency Syndrome CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAN ARI F PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL . OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Reeldence 6 - Other (Specify) Hospice 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicida 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and me 29b. SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 27087 exa 4

Carla S. Alexander, M.D. -Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

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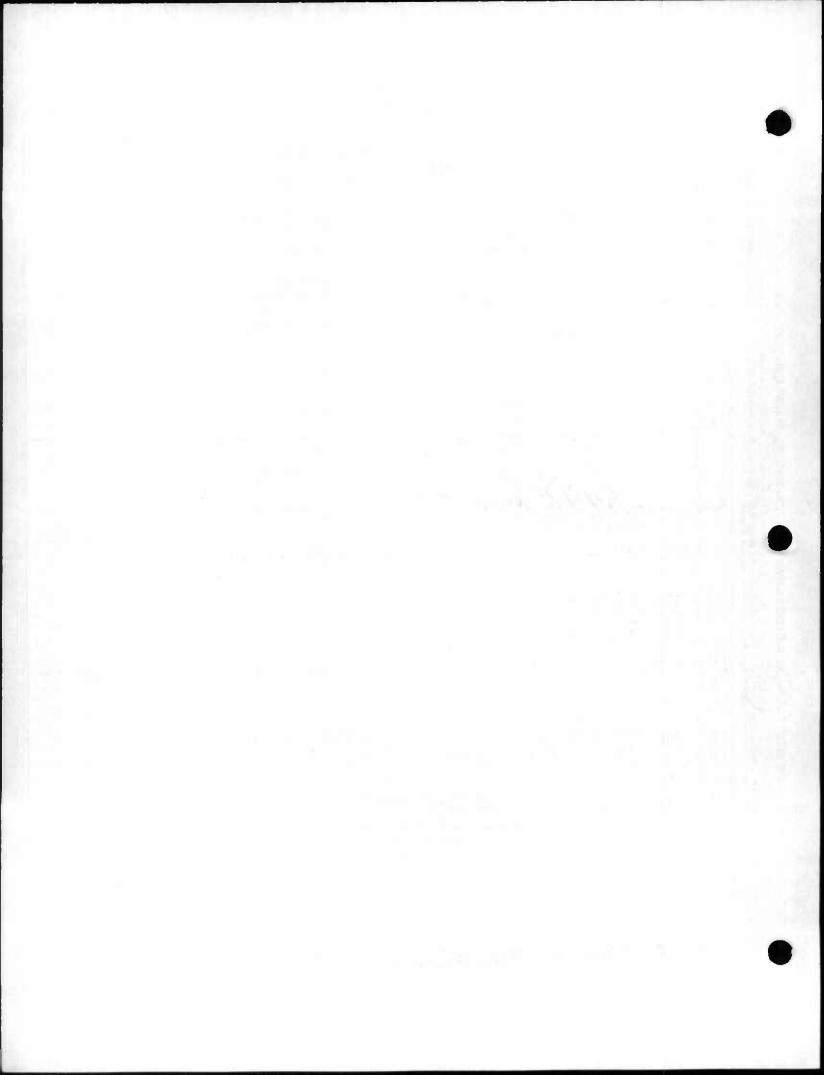
James 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) MONTHS 1 - M 2 TF 200-76-1011 YRS permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) DIRECTOR Liberty Medical Center 10a. STATE 10b. COUNTY MD. FUNERAL 10e. STREET AND NUMBER 3415 CEDARDALE AVENUE, BALTO, MD. as the bunal-transit ours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete use for Elementary/Secondary (0-12) College (1-4 or 5+) detached 17. FATHER'S NAME (First, Middle, Leat) ag notified at BE page 5 should 19e. INFORMANT'S NAME (Type/Print) 2 pe 20a. METHOD OF DISPOSITION
1 Description | Memoral from State must n by the funeral director, removal. cemetary (cremetory of other place) 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lough he Reurs medical filled in by shock, or heart failure. List only one cause on 6 completely filled rial, cremation, c IMMEDIATE CAUSE (Final the disesse or condition_ resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. OF VITAL RECORDS, P.O. BOX 68760, nding physician and con Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) this certificate has been signed by the attending physician a with the State Dept. of Health and Mental Hygiene prior to riked, or Item 23 shows any injury, or other traum If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST Injury, MEDICAL sommenen PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL: OTHER: 1 X YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Yeer) marked, 1 Natural 5 Pending DIVISION DIRECTOR: After the hours after death vitem 28 is mark death v BY Accident 3 Suicide 6 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 ho BE NO 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Penn 32. REGISTRAR'S SIGNATURE wie Davidson

92 00258 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 01 05 1992 12:10 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAVE 6/30/1932 VIRGINIA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CITY 1 YES 2 NO 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) RACE — American Indian, Black, White, atc. 1 TYES 2 NO Specify. Specify: **NEGRO** 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY DISABLILITY 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Carry 131920 Co 22. NAME AND ADDRESS OF FACILITY JOSEPH L. RUSS FUNERAL HOME 2222 WEST NORTH AVE., BALTO 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between Onset and Death PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY YES 2 NO OF DEATH? HERD 1 VES 2 NO DNLY 26. PLACE OF DEATH (Check only one) e 5 Residence 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(s) and menner ee stated. 2 🔀 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end manner es stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 01 C.M.E 06 1992 Street. Baltimore Maryland 2120



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been withing the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Human Mannal Hygiene prior to burial, cremation, or removal.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law reference to the certificate be executed within 24 nours after death. Page 6 may be retained by the hosp
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND

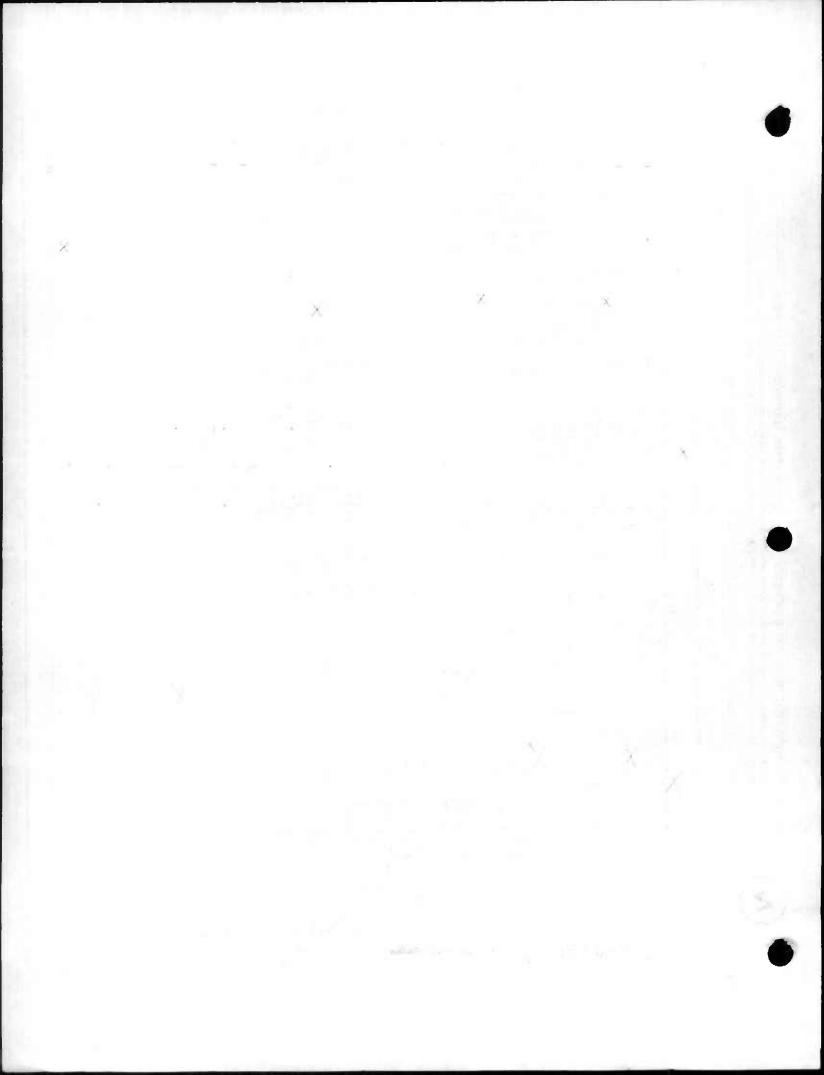
1. DECEDENT'S NAME (First, Middle								2. DATE (OF OEATH	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		Jean Johns						1	4	19	92	
217-38-9577	5. SEX	6. AGE (In yrs. Is	est birthday) YRS,	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE 0 (Month,	PERTH Day, Year) -7-1942)	B. BIRT Coun	HPLACE (State or Foreign Md
9s. FACILITY NAME (If not institution	n, give street end number)			9b. CITY	Y, TOWN (OR LOCATION	ON OF DE		7 1312		NTY OF	1111
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Md				timore		1014						10d. INSIDE CITY LIMITS?
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DIVISION OF VITAL RECORDS, P.O. BOX 68	The second secon
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	4. SOCIAL SECURITY NUMBER		AGE (in yrs. last birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTH		8. BIRTHP	2:00
	404-36-2753	1 M 2 F	67 YRS.	MONTHS DAYS	HOURS MIN.	TI MON	2.202 204		I'e	nness
Œ	9a. FACILITY NAME (If not institution, give Franklin Squ	· ·		9b. CITY, TOWN	OR LOCATION OF D	DEATH		9c. COUN		
25	RESIDENCE OF DECEDENT	*						[Balt1	imore	<u>Count</u>
DIRECTOR	Md• Ba	ltimore	10c. CIT	Dunda					Į.	10d. INSIDE CIT LIMITS? 1 YES 2
FUNERAL	1918 Barry Rd			1	01. ZIP CODE 2122	.2			ISA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 IF YES, GIVE WAR	YER IN U.S. ARMEO YES 2 NO OR DATES	If yes, s	ECENOENT OF HISPA specify Cuben, Mexic S 2 NO Speci	an, Puerlo	N? (Specify Ye Rican, etc.)	s or No —	Black,	American Ind White, etc.
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind of	USUAL OCCUPAT	TION nost of working	160	. KIND OF BU	SINESS/INDU		
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BE CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
10	19a. INFORMANT'S NAME (Type/Print) Rose Marie Je		19b. MAILING 191	8 Barr	end Number or Rural y Rd •	Bal	ber, City or Tow	n, State, Zip C	222	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer 4 Donetion 5 Other (Specify)	moval from State	20b. PLACE AND DATE: cemetery_crematory_oco HOLLY HI	OF DISPOSITION (A		1/8		cation - co		n, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	4.4		elly Fu					
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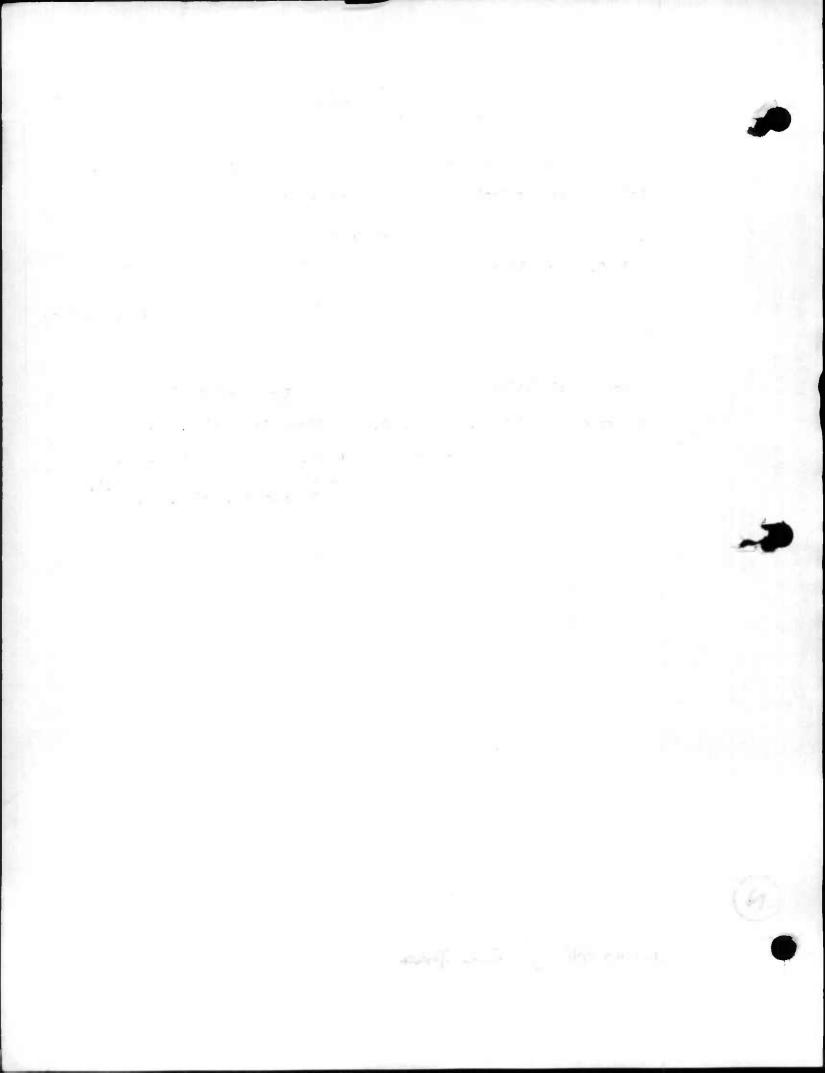
BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	TUNERAL DIRECTOR: After this certificate has been signed by the attending physician	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Midgle, Last) Junitta DHN SON Johnson 2. DATE OF DEATH 3. TIME OF DEATH A YEAR T 0545 0 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BURTH 8. BIRTHPLACE (State or Foreign (Month, Day, Yes 6/21/19 1 M 2 # F HOURS YAS 73 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Saint Agnes Hospital Baltimore RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION tod. INSIDE CITY Md. Baltimore 1 H YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 316 S. Olivet Lane 21229 Usa 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 7 NO If yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 TYES 2/E NO Specify BY 3: Widowed 4 Divorced Specify: Afr. American COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compo Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Baske#ville Thomas Ida Baske ville BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rev Haywood Bradley Jr. 316 S. Mt, Olivett Lane Balto. Md. 21229 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE 1 Burial 2 Cremation 3 Removat from State
4 Donation 5 Other (Specify) New Cathederad Cem. Balto. Md. 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY
Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 23. PART i. Enter-the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition_ resulting in death) AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, streat, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homictde 29s. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. BE 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) A3243852875 M 2 30. NAME AND AGORESS OF P PLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 6 Dro A MUE

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

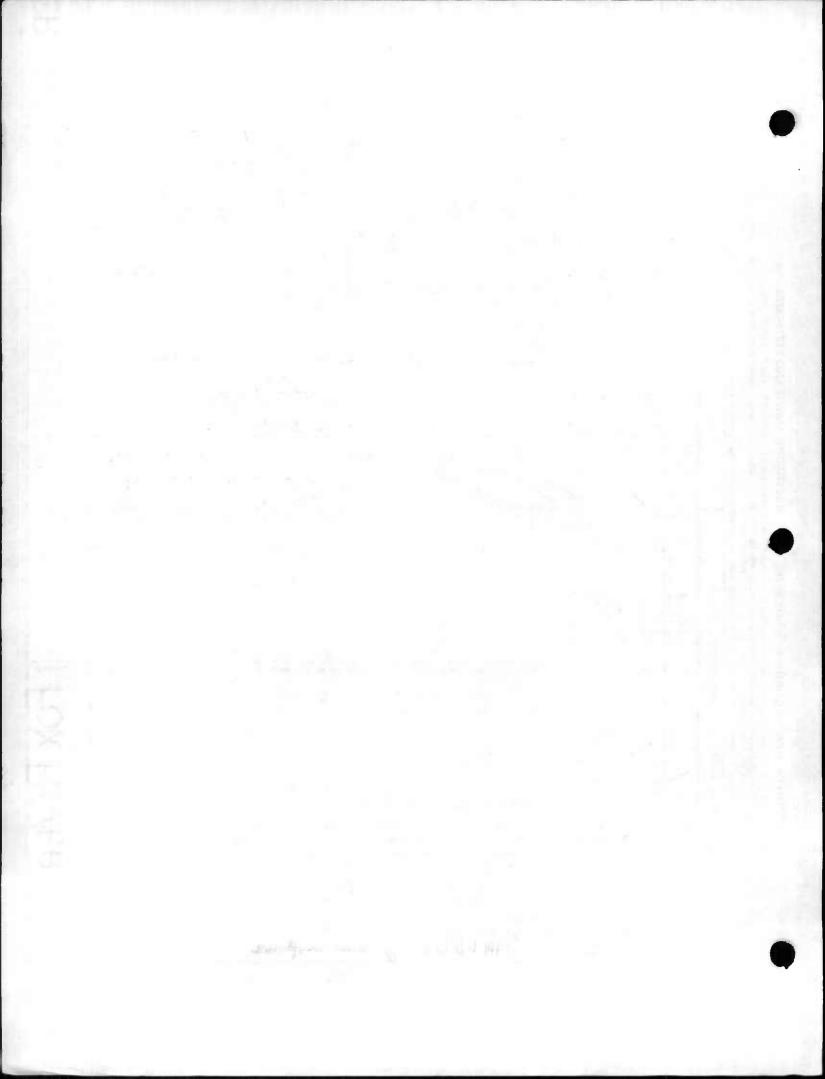
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

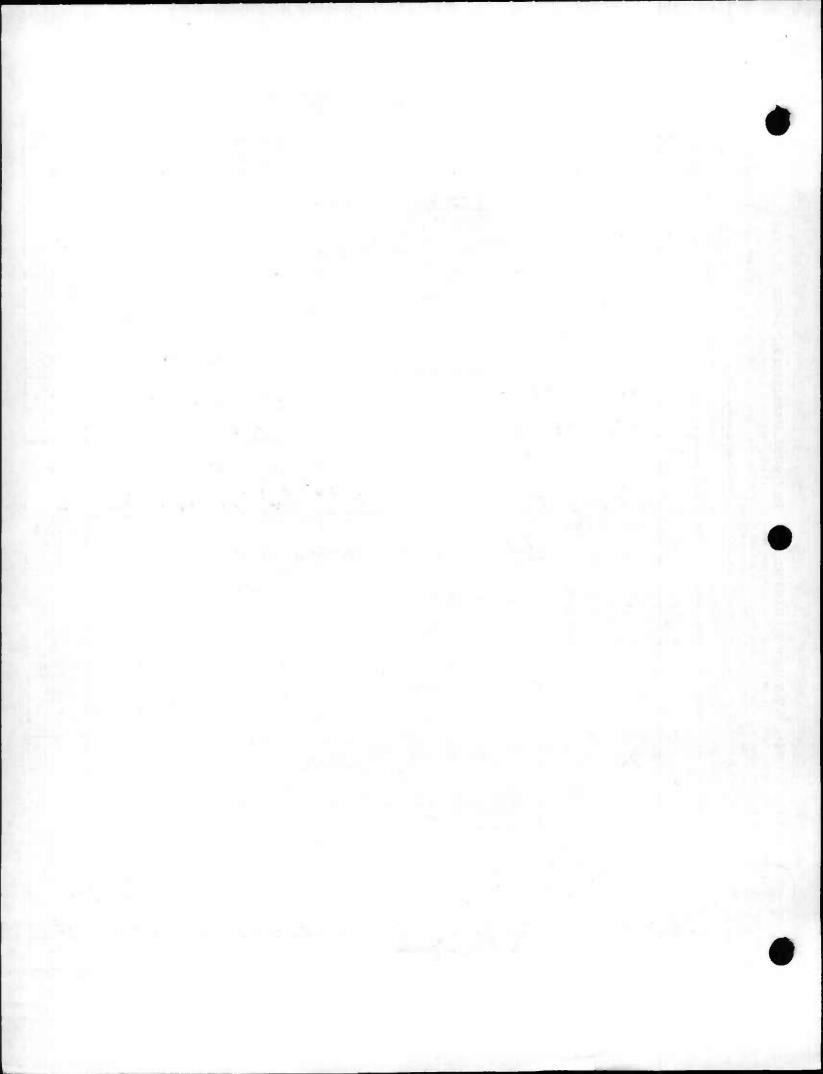
	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.	
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	3. TIME OF DEATH
	WARREN G.	KUHL	Jr.			1	5	92 357 M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTHPLACE (State or Foreign
- 1	217 38 4825	1 🔀 M 2 🗆 F	49 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 1–18-		Pennsylvania
	9s. FACILITY NAME (If not institution, give s	treet and number)			OR LOCATION OF DE	ATH		NTY OF DEATH
OR	ST JOSEPH	HOSPIT	AL	701	NSON		_ l &	ALTIMORE
2	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT	v	Inc CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR		imore		monium				1 TYES 2 NO
1	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
FUNERAL	2017 Dumont Rd.			فاحدد	21093		U	.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Married 3 Divorced	12. WAS DECEDENT EN FORCES? 1 IN YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPAN Hecity Cuben, Mexica B 2 NO Specify	n, Puerto Rican		14. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KINI	OF BUSINESS/IN	DUSTRY
Ē	Elementary/Secondary (0-12)	College (1-4 or 6+)		vork done during m e retired.)		1		
JP.		2 yrs	Sales	Execut	ive			Sales
Ö	17. FATHER'S NAME (First, Middle, Last)						, Maiden Surname)	
BE (Warren G. Kuhl				Marian	Winter	S	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, C	ity or Town, State, Zi	ip Code)
2	Sharon Ann Kuhl		2017	Dumont F	Rd. Timon	ium, Mo	d. 21093	
	20a METHOD OF DISPOSITION 1 🖾 Burial 2 🗆 Cremation 3 🗆 Ren 4 🗆 Donation 5 🗀 Other (Specify)	noval from State	20b. PLACE ANO OATI of cemetary, crematory Dulaney	or other place)	(Name	0ATE 1-9	20c. LOCATION -	City or Town, State m, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY	•	
	1	1.10			Towson York Rd			
	23. PART i. Enter the diseases, or	complications that co	nused tha daath. Do i	not antar tha m	ode of dying, suc	h as cardlec	or respiratory as	rrest, Approximate
	ehock, or haart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)		ON BACH IIIA. THE CONTROLLENCE OF AS A CONSCOURAGE OF A CONSCOURAGE OF A CONSCOURAGE OF A CONSCOURAGE OF	AR	ARMA	HMIF	+	Interval Between Onset and Death
	reauting in death)	DUE TO (OF	AS A CONSEQUENCE O	n:				
Z		· copor	VARY A	MER	Y DIS	SEAS	_	
EDICAL CERTIFICATION	if any, leading to immediata	DUE TO (OF	R AS A CONSEQUENCE O	F):	1			
S	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	c						
E	that initiated events	DUE TO (OF	R AS A CONSEQUENCE O	F):				
ER	resulting in death) LAST	d						
ਹ	PART ii. Other aignificant conditio	ne contributing to de	eth but not resulting	in the underivi	na cause aiven in	Part i. 24s	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
¥	TATE II. Otto agricultural contains		atti bat not roaditing	ni tilo dilabily.	ng occurs groom in	1	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă						— i	YES 2 NO	OF DEATH?
Z								1 YES 2 NO
		2010						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C)	neck only one)	-	
SI	1 TES 2 NO		R/Outpatient 3 DOA		me 6 🗆 Residence	6 Other (Sp	pecify)	
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF IN (Month, Day,			JURY AT ORK?	28d. DESCRI	BE HOW INJURY O	CCURED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO			
COMPLETED E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, ferm, c. (Specify)	street, factory, off	ice		N (Street and Numbown, State)	er or Rural Route Number,
E	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat of	y knowledge, death occur	and my the time de	le and place and div	e to the councie	and menner on at	ated.
MP	CONSUR ONLY							the cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d D4	ATE SIGNED (Month, Day, Year)
BE	STEVEN R		PATITOL	05157	D34		>	1/6/92
5	TO MAME AND ADDRESS OF BEDSON W	NO COMBI ETED CALLEE	OF DEATH STEM OF CO.	ricine)				(a) (COA) 10 A
	STEVEN P. 31. OATE FILED (Month, Day, Year)	AXE	U) ST	- 2026	PH H	1150	Thy	10~7012 LID
	31. OATE FILED (Month, Day, Year)	4						



THE POTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE OWERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be used to be attended to use as the bunal-transit permit. Pages 1, 2, 3 should be used to be attended to use as the bunal-transit permit. Pages 1, 2, 3 should be used to be attended to the attended or tiem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF HEA	ALTH AND ME	NTAL HYGIENI REG. NO.	E (0263
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	E. KEL	K		2	DATE OF DEATH	1992 XSAR	3. TIME OF DEATH
	312-01-7067	1 M 2 OF 8	yrs. last birthday) YRS.		UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	906 Shri	HPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give s 3022 LAVEN RESIDENCE OF DECEDENT	DER AVE	5	96. CITY, TOWN OR I	OCATION OF DEATH		9c. COUNTY OF C	TIMOLE CO.
DIRECTOR	10a. STATE 10b. COUNTY	TIMORE C	O 10c. CITY.	TOWN OR LOCATION	LÉ			10d. INSIDE CITY LIMITS?
FUNERAL	3022 LAVE	ENDER A	VE	10f. ZI	21234	1	10g. CITIZEN OF	1 YES 2 NO
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 1 NO	13. WAS DECENI If yes, specif 1 YES 2	Cuban, Mexican, P	ORIGIN? (Specify Yea warto Rican, atc.)	or No.— 14. RACI Brisic Spec	E — American Molan, k, White, elen
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 11 completed)	6a. DECEDENT'S U	ISUAL OCCUPATION ork done during most o retired.)	working !	16b. KIND OF BUS	INESS/INDUSTRY	1771/6
COMPLETED	Elementary/Secondary (0-12)	Collega (1-4 or 5+)	DIST.	MANA	GER	NEW	15 AV	NERICAN
BE CO	17. FATHER'S NAME (First, Middle, Last)	KECK			MARY	(First, Middle, Maiden S EL/2	ABETH	+ MAY
5	19e. INFORMANT'S NAME (Type/Print)	ECORDS	19b. MAILING A	NE A	lumber or Rural Roug	Number, City or Town	, State, Zip Code)	
	20a_METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	oval from State cemen	ery, cremetery or dith	ar place REDI	EMER	DATE 20c. LOC	BALTO,	CITY MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	of gain		22, NAME AND	DORESS OF FACILITY	VERAL	SHAPE	PUNIT
	23. PART I Enter the diseases, or cahock, or haart failure. I	omplications that caused t	ha death. Do no	et entar tha moda	of dying, such as	s cardiac or respir	atory arrest,	Approximata
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	arterwse	lerate	Carde	cootsen	lar Do	slas C	intarval Batween Onset and Daath
NOI	Sequentially list conditions,		mera	hed !	arteru	veler	sis	
FICAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	DUE TO (OR AS A C						
CERTIFICATION	resulting in death) LAST	1.						
CAL	PART II. Other significant conditions	contributing to death but	not resulting in	1 1		DEDECOR	UTOPSY 24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC		57		lenen		1 - YES 2	Xho	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Check of	only one)		
14XSI	1 YES 2 NO	1 Inpetfent 2 ER/Outpeti	ent 3 🗆 DOA	THER:				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	/Month, Day, Year)	PARTINE IN THE	M 1 YES	2 NO 280	I. DESCRIBE HOW IN	AURY OCCURED	
ETED	3 Suicide 6 Could not be 4 Homicide determined	The PLACE OF INJURY — building, etc. (Specify)	At home, ferm, eth	set, factory, office	291	City or Rwin Stephel	g Number or Flural F	locile Mumbler
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowled 3: On the bests of examination a	ge, death occurred nd/or investigation,	at the ilme, date and in my opinion, death	place, and due to If	ne cause(a) and mann , data and place, end	er as stated.	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CHITTEEN	exile of	200		LICENSE NUMBER		29d. DATE SIGNED	
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type P	rint) 105 H	BEGRE) P)	Pol	VIIIIE
	31. DATE FILED (Month, Day Veer) 992	32/ABGISTHAM'S SIGNATU	Mandall.	111	11000		1/7/-	ev, ce



eath. Page 6 may be retained by the hospital or attending physician.	funeral director, page 5 should be detached for use as the burial-transit permit Pages 1.2.3 should	ADDISO 14 1 DOBS 1	caminer must be notified at once.	
M ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	EMPETION Are this commissed has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should	There are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1	1	I	P	400	なる	I	学るの	2	13	3	IBI	THE	ACT	KO	E	R	E		À	A	But the
					71				5	7	,	134	5	1	0	7		H		9	2

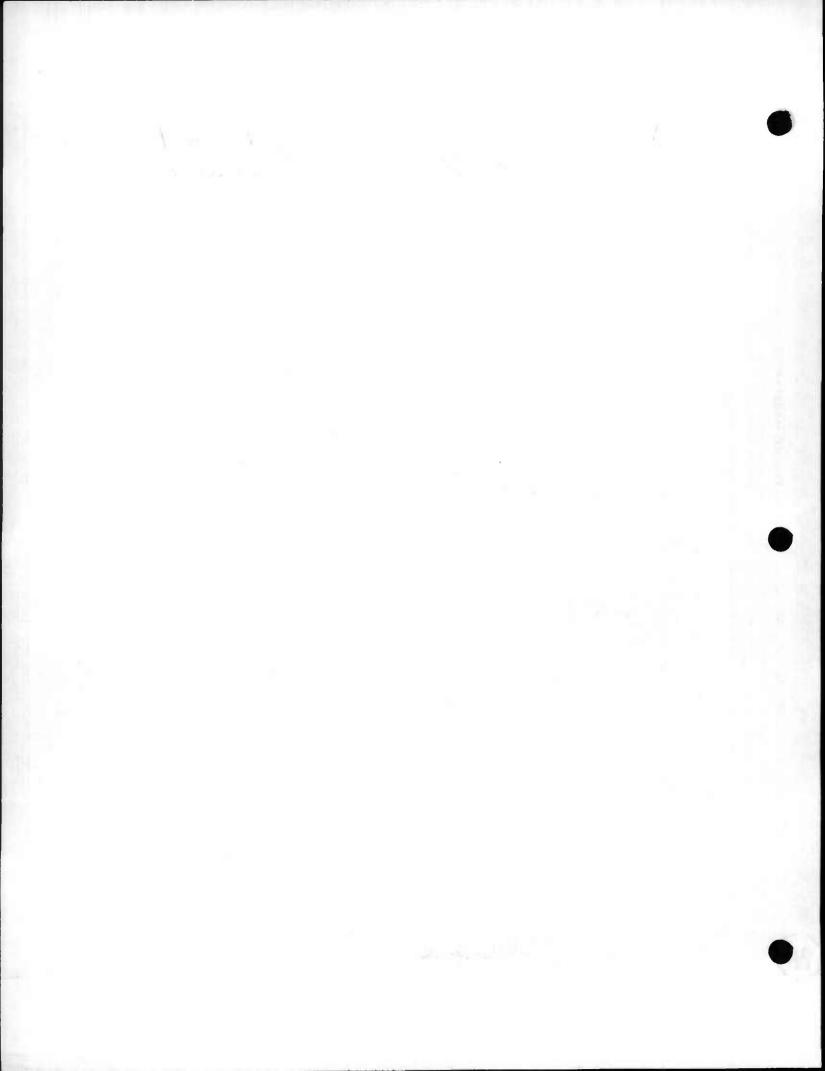
I. DECEDENT'S NAME (First, Middle, Last) RITA	LIPOWI	CERTIFIC			2. DATE OF DEATH	WL 103	3. TIME OF DEATH
I. SOCIAL SECURITY NUMBER 5. SE	EX 6. AGE ((In yrs. last birthday)	F UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	7 19	BIRTHPLACE (State or Foreign
	M 2 PF 8	YRS.	ONTHS DAYS	HOURS MIN.	7 25	190	7 MARYLANI
On. FACILITY NAME (If not institution, give street an	Haramber)	1701	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
RESIDENCE OF DECEDENT	اراد ۱۱۰	ITAC	BAL	TIMORE			
MARYLAND 10b. COUNTY			TIMORE	MOIT			10d. INSIDE CITY LIMITS?
0a. STREET AND NUMBER		DAL		of, ZIP CODE		100 CITIZE	1X YES 2 ☐ NO
2500 W. BELVEDERE	AVE. APT.	. 618		21215			SA
1. MARITAL STATUS 12. W	WAS DECEDENT EVER IN ORCES? 1 YES YES, GIVE WAR OR DA	U.S. ARMED	if yes, sp				4. RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDUCATION		16a. DECEDENT'S US	BUAL OCCUPATI	ION	16b. KIND OF BUS	RINESS/INDI	WHITE
(Specify only highest grade comple Elementary/Secondary (0-12) 12	ege (1-4 or 5+)	(Give kind of won life. Do NOT use n HOUSEW	etired.)	ost of working		MAKER	
7. FATHER'S NAME (First, Middle, Last) ISAAC LUCH	INSKY			18. MOTHER'S NAME ESTH	ME (First, Middle, Maiden	Sumame) NSTEI	NI.
90. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ODRESS (Street		oute Number, City or Town		
SAMUEL LUCHINSKY		8321			LTIMORE, M		
0s. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Removal from	gm State 20b.	PLACE AND DATE OF I	DISPOSITION (N	ame of			ly or Town, State
□ Donetion 5/□ Other (Specify) 1. SIGNATURE □ FUNERAL SERVICE ALCENSIS	0.0	AKLINGION		NO ADDRESS OF FAC	1/6/9 BALT	IMORE	, MD.
23. PART I. Enter the diseases, or compile	catione thet caused	the death. Do not	SOL L	EVINSON	& BROS.	ALTO	MD. (21215)
23. PART I. Enter the classes, or compliance, or heart failure. List or MMEDIATE CAUSE (Finel disease or condition esuiting in death)	cations that caused only one cause on each	the death. Do not ech line. PLEURA CONSEQUENCE OF:	SOL L 6010 enter the mo	EVINSON (REISTERS' ode of dying, such	S BROS. FOWN RD. B es cerdlec or respi	ALTO_	t, Approximate Interval Betw
MMEDIATE CAUSE (Finel	DUE TO (OR AS A	the death. Do not ech line. PLEURA CONSEQUENCE OF:	SOL L 6010 enter the mo	EVINSON (REISTERS' ode of dying, such	S BROS. FOWN RD. B es cerdlec or respi	ALTO_ ratory erres	t, Approximate Interval Between
MMEDIATE CAUSE (Finel disease or condition esuiting in death) a. J. J. J. J. J. J. J. J. J. J. J. J. J.	DUE TO (OR AS A	the death. Do not each line. PLEURA CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the consequence of the consequence	SOL IL 6010 enter the mo	EVINSON (REISTERS) and of dying, such PUS) US	S BROS. IOWN RD. B es cerdlec or respi	AUTOPSY MED?	Approximate interval Betw Onset and Date of the Conset and Date of t
MMEDIATE CAUSE (Finel disease or condition esulting in death) Sequentially list conditione, and, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in deeth) LAST CART II. Other significent conditione cont	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	the death. Do not each line. PLEURA CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the consequence of the consequence	SOL IL 6010 enter the mo	EVINSON (REISTERS: pde of dying, such PUS) US	S BROS. FOWN RD B S cerdlec or reaple Part 1. 24s. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINOR AWILABLE PRIOR TO COMPLETION DE CAUS DE DEATH?
MMEDIATE CAUSE (Finel Ilsease or condition esuiting in death) Gequentially list conditione, I any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST CART II. Other significent conditione cont CVA COVA COVA S. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A A A A A A A A A A A A A A A A A A	the death. Do not each line. PLEURA CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the second	SOL IL 6010 enter the mo	RETSTERS' ode of dying, such PUSI US	Part 1. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINOR AWILABLE PRIOR TO COMPLETION DE CAUS DE DEATH?
MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list conditione, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in deeth) LAST ART II. Other significent conditions continued to the conditions of th	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A)	the death. Do not sech line. PLEURA CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not reculting in the second	SOL I 6010 enter the mo	RETSTERS' ode of dying, such PUS 1 0 0 9 g ceuse given in fine LACE OF DEATH (Che no 5 Rasidenca (1) DRK? YES 2 NO	Part 1. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
MMEDIATE CAUSE (Finel disease or condition esuiting in death) Sequentially list conditione, any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in deeth) LAST ART II. Other significent conditions continued to the conditions of th	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	the death. Do not sech line. PLEURA CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the second secon	SOL I 6010 enter the mo	RETSTERS' ode of dying, such PUS 1 0 0 9 g ceuse given in fine LACE OF DEATH (Che no 5 Rasidenca (1) DRK? YES 2 NO	Part I. 24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDE AMALABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
MMEDIATE CAUSE (Finel disease or condition esuiting in death) a	DUE TO (OR AS A DUE TO	the death. Do not sech line. PLEURA CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the second secon	SOL IL 6010 enter the mo	RETSTERS' ode of dying, such PUS I US III CONTROL III C	Part 1. 24a, WAS AN PERFOR 1 YES 2 Ck only one) 3 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	AUTOPSY MED? NO AJURY Occur	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DE CAUS DE DEATH? 1 YES 2 NO
MMEDIATE CAUSE (Finel disease or condition esuiting in death) a	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Entitle To (OR AS A DUE TO (OR AS A DU	the death. Do not each line. PLEURA CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in the second of th	SOL I 6010 enter the month of the underlying the un	RETSTERS' ode of dying, such PUS I US III CONTROL III C	Part 1. 24a, WAS AN PERFOR 1 YES 2 Ck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) of the cause(a) and manuface, date and place, and	AUTOPSY MED? NO AJURY OCCUP and Number or	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DE CAUS DE DEATH? 1 YES 2 NO

The Same -11/1/2

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	JR A	DULS	E
7	TAL	A P	=
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF N	MARYLAND	/ DEPAI	RTMEN	T OF H	IEALTH DEA	I AND I	MENTAL	HYGIEN	ΙĒ	92	00265
	1. DECEDENT'S NAME (First,	NIA	MART							2. DATE (OF DEATH	AY /	9°2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB 225-01-492	8	5. SEX	8. AGE (In yrs.	last birthday) YRS.	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE C (Month,	BIRTH Pay, Year)	18	Count	HPLACE (State or Foreign my)
TOR	99. FACILITY NAME (# not in: Harbor Ho			v, town o		ION OF DE	City			NTY OF D				
FUNERAL DIRECTOR	100. STATE Maryland	106. COUNTY	e Arunde	1		len E								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
NERAL	100. STREET AND NUMBER 112 GOVERN	nors C					101	210					S.A.	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ecity Cub	OF HISPAN en, Maxica Specify	n, Puerto Ri	(Specify Yes icen, stc.)	or No—	14. RACI Black Spec	E — Americen Indien, k, White, etc. thy: White
COMPLETED	15. DECI (Specify only Elementary/Secondary (0- 9th Grade	DENT'S EDUC highest grade	CATION completed) College (1-4 or 5 +)	DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	CCUPATIO during mo	ON ist of worki	ing	1	KIND OF BUS			
BE CON	17. FATHER'S NAME (First, Mil		lenn Ma:	son				16. MOT	HER'S NA	ME (First, Mi	iddle, Maiden			
10 8	19a. INFORMANT'S NAME (Ty Mailon A. N										r, City or Town			Md. 21061
	20e. METHOD OF DISPOSITION 1.XI Burlet 2 Crematton 4 Donatton 5 Other	n 3 🗆 Reme (Specify)		20b. PLAC Certification	Cremetoword	I Ce	mete	ry		1-6	Ba1	cation — Ltimo	re,	Maryland
	21. SIGNATURE OF FUNERAL	Kae	ele	On		4	001	Rito	hie	Hwy.		more	, Md	A. . 21225
	23. PART I. Enter the dis- shock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in deeth)	ert lellure. I	n	septi	c ey	h et					ac or respi	ratory arr	rest,	Approximata interval Between Onset end Daeth
CERTIFICATION	if sny, leading to immed cause. Enter UNDERLYIN	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Lagrange Consequence of the consequence of the												
ERTIFI	CAUSE (Disease or injur that initiated events resulting in death) LAST		DUE TO	OR AS A CONS	SEQUENCE O	F):			-					
PHYSICIAN: MEDICAL C	PART II. Other eignificer	mi		gesti Lear		lart	1 1	rilu			24a. WAS AN / PERFORI 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2: NO
YSICI/	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num	1 :			ck only one)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 P 2 Accident	ending restigation	28e. DATE OF (Month, Da	y, Year)		URY M		RK? ES 2	Ng Ng	26d. DESC	RIBE HOW IN	JURY OCC	CURED	
	4 Homicide d	ould not be	26e. PLACE OF building, e	INJURY — At tc. (Specify)	home, term, s	street, fact	ory, office			26f. LOCAT City or	ION (Street er Town, State)	nd Number	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTII 2 MEDIC	FYING PHYSIC	CIAN: To the best of a	ny knowledge, emination end/o	death occurre	n, in my o	ime, date	end place	end due t	to the csuse	e(e) end mend and place, end	ner as state	ed. e ceuse(e)	end mennar ae stated.
TO BE	296. SIGNATURE AND TITLE O	rele	Ceni	39	MD			29c. LICE	INSE NUM	BER		29d. DATE	SIGNED 2	(Month, Day, Year)
	30. NAME AND ADDRESS OF HA. JEDR	GETA	CENIZA	SP DEATH (IT			OVE	R	ST.,	BALT	IHORE	, h	10	
	31. DATA FILED (NOW). DEV. Y	92 9	32. REGISTRAF	SIGNATURE	92,				/					





permit. Pages 1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit	s after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	n 28 is marked, or 11em 23 shows any Injury or other traumatic event the medical examinar must be notified at once
DING F	After t	death	rmar.
TEN	TOR:	after (28 18
JR AT	REC	Durs a	em 2
TAL 0	AL D	72 ho	H He
USPIT	NER	thin !	NT
X	H	*	1

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

28

TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M

resulting in death)

Sequantially list conditions,

25. WAS CASE REFERRED TO MEDICAL

5 Pending

Investigation

6 Could not be detarmined

1 YES 2 -NO

27. MANNER OF DEATN

1 Natural

2 Accident

4 Nomicide

3 Sulcide

92 00266 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 03 ROBERT E MEILE ďΪ 6:45 PM JR. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 218 88 7820 28 6-4-1963 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 TES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7824 Parke West Drive Apt. 204 21061 U.S.A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 X NO BY Specify: 3 Widowed 4 Divorced Specify White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12th Grade Printer 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Robert E. Meile Sr. BE Margaret Grow 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Meile 7824 Parke West Dr. Apt. 204 Glen Burnie, Md. 21061 20a. METHOD OF DISPOSITION
1 Burlal 2 X Cremation 3 Ref 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 1-6 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ACCRESS OF FACILITY George J. Gonce Funeral Home P.A. namuour kecome 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Acute

if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. DATE OF INJURY (Month, Day, Year)

HOSPITAL:
1 E inpettent 2 - ER/Outpatient 3 - DOA

Kenal

DUE TO (OR AS A CONSEQUENCE OF) pirator

DUE TO OR AS A CONSEQUENCE OF

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO I YES 2 NO

COMPLETION OF CAUSE 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

1-4-97

4 Nursing Nome 5 Residence 8 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO

26. PLACE OF DEATN (Check only one)

29c LICENSE NUMBER

40

26a. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

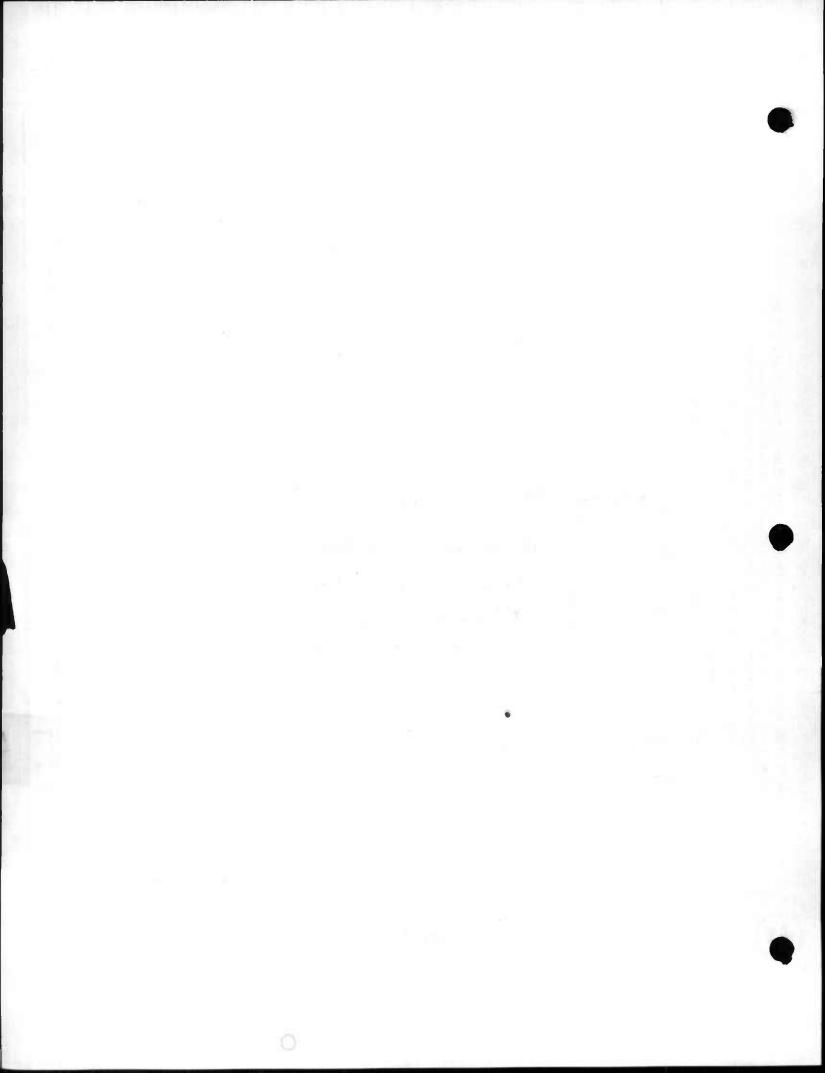
OTHER:

296. SIGNATURE AND TITLE OF CENTIFIER

. LUS QUEL 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MIRZA M. NUSAIREE, M.D./795 AQUAHART ROAD/GLEN BURNIE, MARYLAND 21061 STUBIGISTANIA DIGHTUHANDANIA





HYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be ex	THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the fi filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	MPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traum

DR. N.B. VELLANKI 31. DATE FILEO (Month, Day, Year) JAN 08 1992

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF I	EALTH AND	MENTAL HYGIEN	3275. [7.1]	6	00267			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MY	YEAR	3. TIME OF DEATN			
		zabeth	Malone			Jan b		92	M			
	4. SOCIAL SECURITY NUMBER 214-40-1590	5. SEX 8. AG		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		Country	·			
	Se. FACILITY NAME (If not institution, give st	reet and number)		b CITY TOWN (OR LOCATION OF DE	Jul 9 19	938		ssissippi			
OR R	771 Linnard St	reet			Baltimo		SC. COUNT	Y OF DE	AIN			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	A 34 3 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				10d. INSIDE CITY			
	Maryland		Bali	imore					LIMITS?			
1 ×	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF W	HAT COUNTRY?			
当	771 Linnard St	reet			21229		US	Δ				
r FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yen, Puarto Ricen, etc.)		4. RACE Black,	— American Indian, White, etc.			
) BY	3 Widowed 4 Divorced			1	z i No specin			Specify	Black			
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during mo	ON ist of working	16b. KIND OF BU	SINESS/INOU	STRY				
COMPLETED	Elementery/Secondary (0-12) 10th Grade	College (1-4 or 5+)										
N N	17. FATNER'S NAME (First, Middle, Last)		Pack	cer		MD Par		XC				
	Jacob Stuckey					ME (First, Middle, Maiden	Surneme)					
BE	19e. INFORMANT'S NAME (Type/Print)		405 4400 440 44		Ize11							
2	Lewis Malone					Route Number, City or Tow						
	20a. METHOD OF DISPOSITION	12	0b. PLACE AND DATE OF		Street		CATION - CH		21229			
	1 Burial 2 Cremetion 3 Remo	val from State 1 o	amatan, assessment	-de1								
	4 Donestion 5 Other (Specify) Arbutus Memorial Park 1/13 Baltimore Co, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NUTTER Funeral Homes In											
	•			2501 Balt	Gwynns	Falls P	arkwa	eral	L Homes In			
	2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between											
15	Toaviting in deathy					1200/			+			
Z	Sequentially list conditions,	_ CA	ROIOMY	OPAJ	Hy							
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):		/							
2	CAUSE (Disease or Injury	0115 70 000 10			/							
Ē	that initiated events resulting in death) LAST	OUE TO OR AS	A CONSEQUENCE OF):						i			
E												
AL	PART II. Other significant conditions	contributing to death	but not resulting in t	he underlying	cause given in	Part I. 24s. WAS AN			VERE AUTOPSY FINDINGS			
MEDICAL						PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE			
WE									F DEATN?			
						_						
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)						
YSI	1 VES 2 NO	1 Inpstient 2 ER/Ou		THER: Nursing Nome	5 Nesidence	8 Other (Specify)						
РНУ	27. MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Year)		F 28c, INJU		28d. DESCRIBE NOW I	NJURY OCCU	RED				
B	1 Nstural 5 Pending 2 Accident Investigation			M 1 🖰 Y	ES 2 NO	^						
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, term, street ecify)	t, factory, office		28t. LOCATION (Street (City or Town, State)	and Number or	Rural Roo	ute Number,			
COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my kno	wiedge, desth occurred s	the time, date	end place, end due	to the cause(s) end mer	ner ee stated.	:ause(e) e	and menner ee steted.			
ш	296 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER	29d. DATE S	IGNED (A	Aonth, Day, Year)			
TO B	11/15 Welland				D. 30	469	> /	- 8	-1992			
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATN (ITEM 27) (Type, Prin	it)								

M.D. 3449 WILKENS AVE. BALTIMORE, MD. 32. REGISTRAR'S SIGNATURE

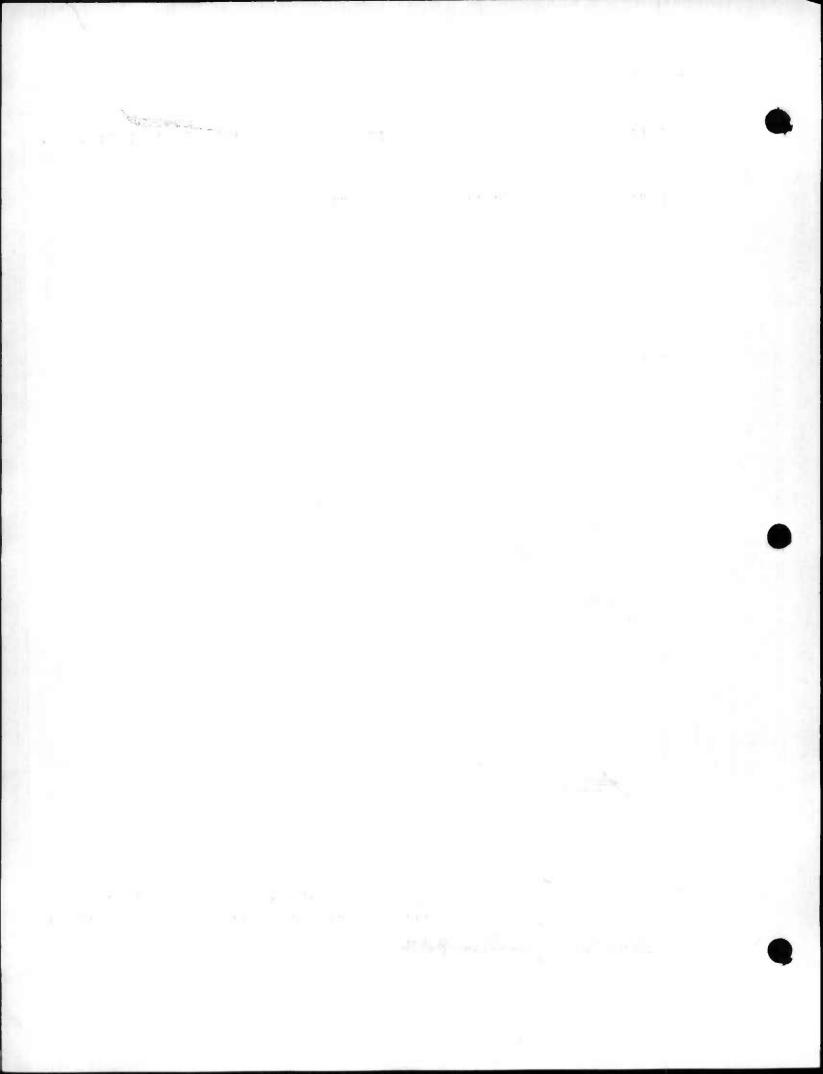
21229 (SUITE 309)



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2-0091-025 FOR STATE REGISTRAR		STATE OF N	MARYLAI	ND / DEPART	MENT	T OF H	HEALTH AND) MEI	NTAL HYGIEN		92	00268
1. DECEDENT'S NAME (First	Middle Leet			CERTIFI	CATE	E UF	DEATH		REG. NO			· · · · · · · · · · · · · · · · · · ·
,	, imoore, Leat)	E							DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
WILLIAM 4. SOCIAL SECURITY NUMBER		Ε.		MEMPH				_	01 05	19	992	5:37 P.M
	SER	5. SEX		yrs, last birthday)	IF UNDER	DAY#	IF UNDER 24 HRS	_	Month, Day, Year)		8. BIRTI	NPLACE (State or Foreign
220-02-4876		1 🔀 M 2 🗆 F	19	YRS.	- Callino	UATE	HOURS MIN.		v.18,197	72	_	prus
9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY	, TOWN	OR LOCATION OF			9c. COUNTY OF DEATN		
FALLSTON	FALLSTON GENERAL HOSPITAL						ON			TTAT	TOD	D
RESIDENCE OF DEC	ESIDENCE OF DECEDENT						ON			HARFORD		
100. STATE	10b. COUNTY	1		10c. CITY,	Y, TOWN OR LOCATION					10d. INSIDE CITY		
Maryland							llston					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER						-	. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
1314 Terry	Way						21047			U.S	. A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	.S. ARMED	13.	WAS DEC	ENDENT OF NISE	ANIC O	RIGIN? (Specify Yes	or No.	14 PAC	E American Indien,
XX Never Merried 2		FORCES? 1 IF YES, GIVE W				If yes, sp	ecity Cuben, Mex	ican, Pu	erto Rican, etc.)	Black, White, etc.		
3 Widowed 4 Divo	read		THE OWNER			1 1 163	27 NO Spe	спу:			Spec	*
15. DEC	EDENT'S EDU	CATION	10	Be. DECEDENT'S U	SUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/IND		LE
(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5 +		(Give kind of wo	retired.)	during mo	est of working				Joini	
12+	"	Sounder (1-4 OI 3 4	<i>'</i>	Student					John Ar	cher	Sch	001
17. FATHER'S NAME (First, M.	iddle, Lest)			Jeddelle							DCII	001
Ernest Memph									irst, Middle, Maiden	Sumame)		
190. INFORMANT'S NAME (7)			-						Latgis			
		Vf 1					and Number or Run	ni Route	Number, City or Tow	n, State, Zip	Code)	
Mr.& Mrs. En		Memphis		Same a								
20e. METNOD OF DISPOSITI	n 3 🗆 Remo	ovat from State	20b. PL	ACE AND DATE OF	DISPOS	ITION (Na	ame of		OATE 20c. LO	CATION -	City or To	rwn, State
4 Donetion 5 Other			St.	Demetr			-	- 1		H11		d.
21. SIGNATURE OF FUNERAL					22. I	NAME AN	TOTAL OF	FACILIT	eral Hom	. T.		
▶ Wal	lare	S Bim	Re.	0 4	10	050	Vork Dd	run	Towson,	Ma 1	2120	<i>I</i> .
23. PART i. Enter the di ehock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart reliure.	ASPHY	XIA	ne death. Do no		the mo	de of dying, au	uch ea	cardiec or reepi	retory err	reat,	Approximate intervel Between Onset and Death
Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events reculting in death) LAST	dieta NG ry	DUE TO	OR AS A CO	ON OF AI		Y BY	BOLUS (OF I	700D			
PART II. Other significed			death but	not resulting in	the un	deriying	g ceuse given i	n Part	i. 24e. WAS AN PERFOR	MEO?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL T											
EXAMINER?	MEDIONE	HOSPITAL:			OTHER		ACE OF DEATH (C	Check on	ly one)			
1 (X YES 2 NO		1 inpetient 2		ent 3 DOA 4	☐ Nurs		s 5 🗆 Residence	8 🗆	Other (Specify)			
27. MANNER OF DEATH		28s. DATE OF (Month, Da		28b. TIME INJUI	RY	28c. INJU WO		28d.	DESCRIBE HOW II	JURY OCCURED		
2 Accident Invasilgation 1-5-92					O M		ES 2 NO	St	JBJECT A	SPIRA	TED	FOOD
	Could not be letermined	28e. PLACE OF building, of HOME	INJURY — Mc. (Specify)	At home, term, str	eet, tecto	ory, office		28t. 131	City or Town, State) 4 TERRY	nd Number WAY		LSTON, MD
29e. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of s	ny knowlede	e, death occurred	et the si	me date	and place, and d	in to sh	councile) and m		9	
one) 2X MEON	CAL EXAMINER	t: On the beals of ex	amination en	d/or investigation.	in my or	pinion. de	eath occured at the	e time	date and place an	1 due to the	e come/-) and menner as stated.
294-010EATURE AND TITLE		11							vina piace, and			
1/1	2	How.	2				29c. LICENSE NI			29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ACCHES OF		1/	e .				O.C.M.	F		0	1-00	5-1992
	PERSON WHO	COMPLETED CALLS	E OF OFATH	(ITEM 27) /Emc 0	rint)		0.0.11	- 14 6				3-1992
FA HOLE (Month, Day,)	T.RE	COMPLETED CAUS	n	111 P		SI			TIMORE			ND 21201

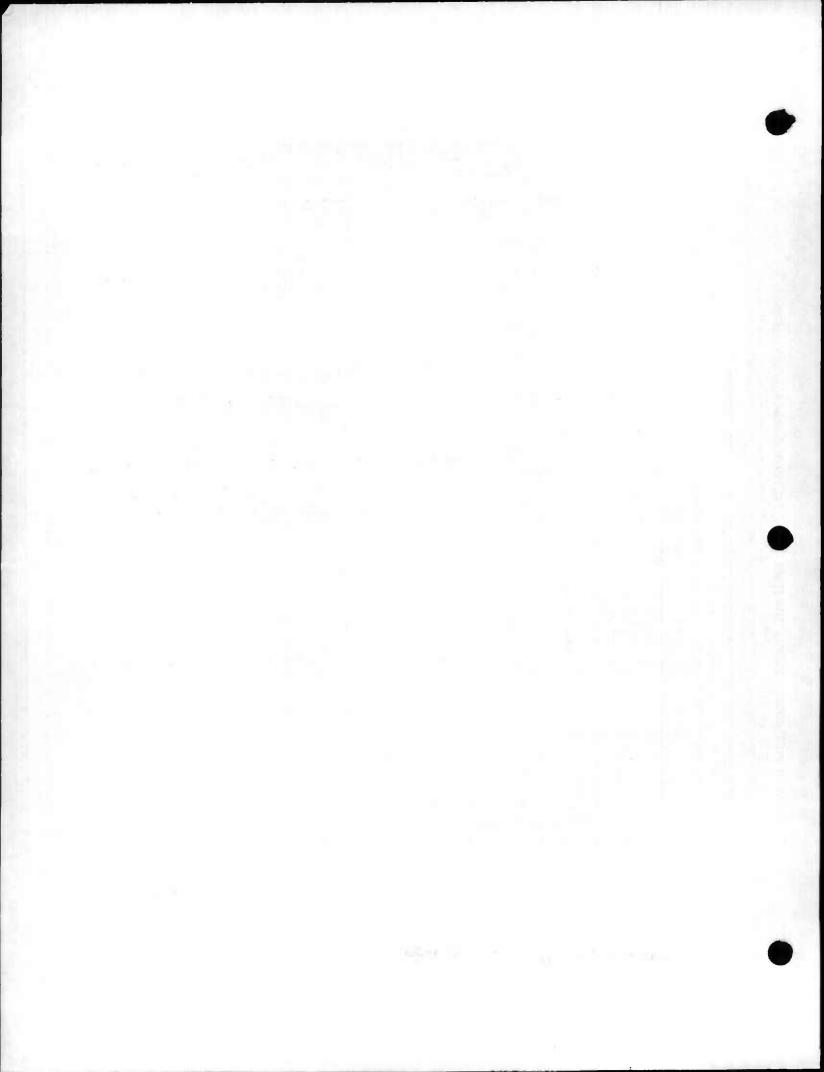


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

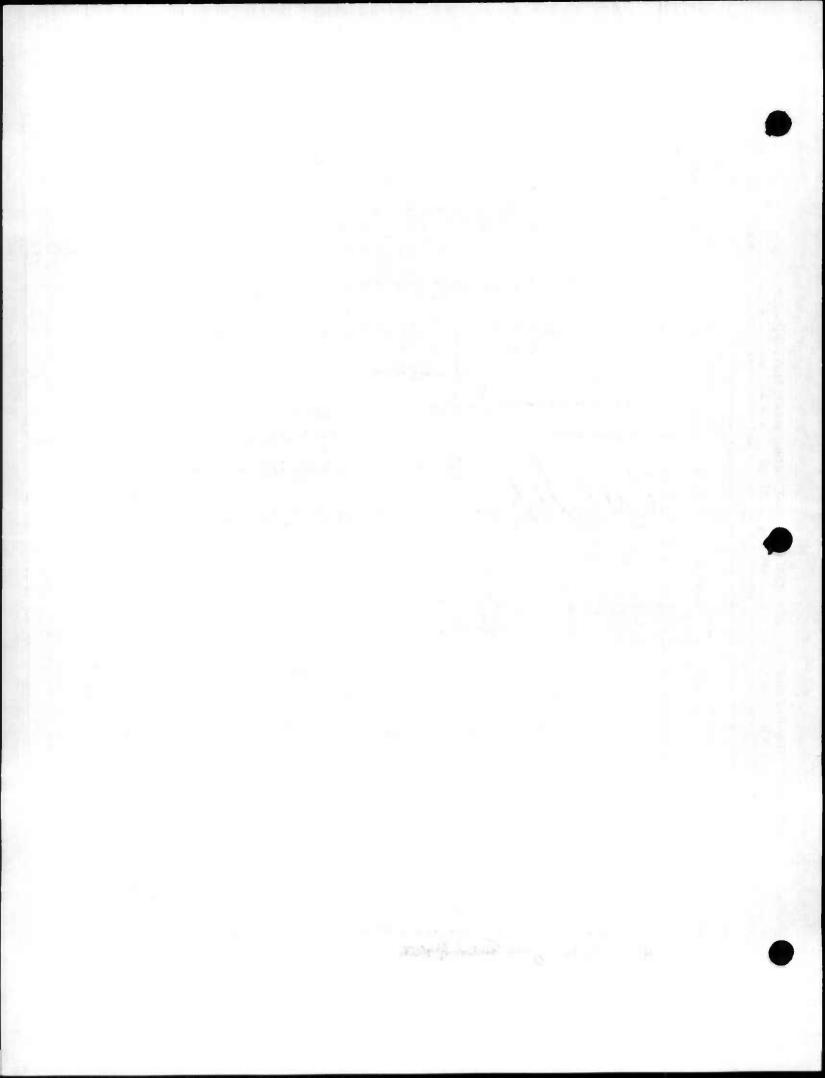
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIE REG. N						
	1. DECEDENT'S NAME (First, Middle, Last) BARBAR A	BARBARAM (e A ^{MCNAMI}		2. DATE OF DEATH	DAY	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 117 - 28 - 1620	5. SEX 6. AGI	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Florida				
œ	90. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF	111126						
CTO	Good Samartian Hospital Baltimore											
DIRECTOR	100. STATE 10b. COUNTY Maryland Ba	ltimore	10c. C/1	TOTAL COM	3410	10d, INSIDE CITY LIMITS?						
	10. STREET AND NUMBER			Towson	I. ZIP CODE		1 ☐ YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	706 Fairway				21204	U.S.A.						
B₹	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Wildowed 4 Divorced	IN U.S. ARMED 3 2 NO DATES	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2X NO Speci	ANIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	y Yee or No 14. RACE American Indian						
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	USUAL OCCUPATION	ON ast of working	16b. KIND OF B	USINESS/INDUS	TRY				
COMPLET	Elementery/Secondary (0-12)	Home:	maker			wn Home						
CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide						
BE	Samuel H. 190. INFORMANT'S NAME (Typo/Print)	Sonner	405 MAIL INC	4000000 (O	Anne							
2	Donald McNamara			e As #10	nd Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)				
	20a. METHOD OF DISPOSITION 1 Burlel 2-Greenellon 3 Removal from State 4 Donestion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cometers, greenelory or other place) HILLOP Service Corp. 1-7-92 Towson, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	• Wallace		17	1050	York Roa	d Towern	MA 2	1204				
Z	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such se cerdisc or respiratory srrest, interval Between Onset and Daath Approximate interval Between Onset and Daath Due To (PR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury) C. C. C. C. C. C. C. C. C. C. C. C. C. C											
CERTIF	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST C. Disease or Injury DUE TO (OR) AS A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. Was an autopsy PERFORMEO? 1 YES 2 NO NO NO NO NO NO NO											
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	autom 2 [804]	OTHER:	ACE OF DEATH (Ch							
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED				
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	PK?							
ETED	3 Suicide 8 Could not be determined	28s. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, soily)	street, factory, office	tory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my know I: On the beels of examination	viedge, death occurre on and/or investigation	n, in my opinion, d	end place, end due	to the cause(s) and me time, date and piece, e	nner as atated,	tuse(s) and manner as stated.				
B	296. SIGNATURE AND TITLE OF CERTIFIER	Gan			Dog2		29d. DATE SI	GNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	completed cause of de	EATH (ITEM 27) (Type,	Print) Balt		md						
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGN	ATURE Aandalle	1								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

It HOSPIAL DE ATTENDING PHYSICIAN: THE IBM requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the huriacteraset narmin bases 1.9.3 about	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IU INE H	THE FE	be filed wil	IMPORTA

					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH	
	Edith K. Me				- 4		92	8:00 An	
4. SOCIAL SECURITY NUMBER 216-09-3162	1 🗆 M 2 💢 F	GE (In yrs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 02-08-19	01	Counti		
GREATER BALTIMON		CENTER		OR LOCATION OF D	EATN	9c. COUNT			
100 MDTE 10b. COUNT	BALTIMORE	10c. CITY	ATION	Ba			10d. INSIDE CITY LIMITS?		
IOo. STREET AND NUMBER				son				1 YES 2 NO	
615 CHESTNUT AVE			10	21204	PANIC ORIGIN? (Specify Yes or No- 14, idean, Puerto Rican, etc.)			I S A RACE — American Indian, Black, White, etc. Specify:	
Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED ES 2 NO R DATES	If yes, sp	CENDENT OF HISPA pecify Cuben, Mexico S 2 NO Specif					
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed	(Give kind of w	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUS		White	
9	College (1-4 or 5+)	1 2 2 2 2 2	eeper		Realty Co.				
7. FATHER'S NAME (First, Mictolin, Last)					ME (First, Middle, Maide				
John W. Me	etzler	10h Real Inc	nrietta Feuerstein Aoute Number, City or Town, State, Zip Code)						
Pickersgill Home						wn, State, Zip C	lode)		
0a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Rem Denation 4 Other (Specify)		20b. PLACE ANO DATE O	b. PLACE AND DATE of DISPOSITION (Name of 1964ry, crematory or other place) OATE 20c. LOCATION — City or Town, State						
SIGNATURE OFFUNERAL SERVICE LIC	101.1	Hilltop S	22. NAME A	ND ADDRESS OF FA	CILITY	owson, York Ro			
23. PART i. Enter the diseases or c shock, or hasnt failure. MMEDIATE CAUSE (Finsi	List only one cause of	n aach lins.	ot satsr the mo	ods of dying, auc	Funeral H	ome Ti	nc	Approximats Interval Betw	
MMEDIATE CAUSE (Fine)	DUE TO (OR A OUE TO (OR A	n aach lins.	of sater the model of the sate	ods of dying, auc	Funeral H	ome Ti	nc	Approximats interval Betwoonset and Do	
MMEDIATE CAUSE (Finsi disease or condition esuiting in death) Sequentisity list conditions, a any, leading to immediats ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated svents	a. A Curle DUE TO (OR A OUE TO (OR A OUE TO (OR A d. S contributing to desti	A CONSEQUENCE OF	of sater the model of the model	ods of dying, auc	Funeral H h as cardiac or res	OME, I	nc.	Approximats interval Betw Onset and De < 2 4 / L	
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MMEDIATE CAUSE (Finsi disease or condition esuiting in death) Sequentisily list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated svents esuiting in death) LAST PART II. Other significant condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 1 Check only 1 CERTIFYING PHYSIC	B. A C. L. DUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A DUE TO (OR A OUE	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in the oval copies S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in the oval copies S A CONSEQUENCE OF The but not resulting in the oval copies The oval cop	ot enter the mo	g cause given in LACE OF DEATH (Che to 5 Residence RURY AT SHK? YES 2 NO	Part I. 24e. WAS A PERFC 1 YES BCk only one) B Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end may	N AUTOPSY RMEO? 2 D NO INJURY OCCUR and Number or)	nc.	Approximate interval Betw Onset and De 2 4 /	
MMEDIATE CAUSE (Finsi disease or condition esuiting in death) Sequentisily list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated svents esuiting in death) LAST PART II. Other significant condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 1 Check only 1 CERTIFYING PHYSIC	a. DUE TO (OR A DUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A OUE TO (OR A DUE TO (OR A DUE TO (OR A OUE TO (OR A	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF The byt not resulting in Covariant and the covariant of the cova	ot sater the model of the underlying	g cause given in LACE OF DEATH (Che to 5 Residence RURY AT SHK? YES 2 NO	Part I. 24e. WAS A PERFC 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) end me time, date end plece, e	N AUTOPSY PRIMEO? 2 D NO INJURY OCCUS and Number or)	nc e st, 24b.	Approximate interval Betw Onset and De 2 4 /	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been, signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept, of Reath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL OIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If Item 28 is ma	

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPART	TMEN CAT	T OF I	HEALTH AND		GIENE	36	0027	1	
	1. DECEDENT'S NAME (First, Middle, Lest)	McCor	Hle					2. DATE OF DE		YEAR 92	3. TIME OF DEATH	Н	
BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 246-26-8776	s. SEX 6. AGE (In yrs. lest birthday) 1 \(\overline{\text{M}} \) M 2 \(\overline{\text{F}} \) F 64 YRS.			IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 11-15	Year)	8. BIRTI Count	HPLACE (State or For	reign	
	9a. FACILITY NAME (If not institution, give s UNIVERSITY HOSPI RESIDENCE OF DECEDENT						MORE	HTAB	DEATH				
	10a. STATE 10b. COUNTY	Y				OR LOCA	TION				10d, INSIDE CITY LIMITS?		
	701 MELLO CT.						21205		109. CITIZEN OF WHA				
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 () IF YES, GIVE WA	YES 2 NO	MED O	13.	If yes, sp	CENDENT OF HISP/ ecity Cuban, Maxic 2 X NO Spec	an, Puerto Rican,	C ORIGIN? (Specify Yes or No— 14. RACE — American In Black, Whita, etc.)				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 18b. KIND OF BUSINESS/INDUSTRY Inc. Decedent's usual occupation (Give kind of work done during most of working life. Do NOT use retired.) UNEMPLOYED												
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN McCORKLE 18. MOTHER'S NAME (First, Middle, Meiden Surneme) BETTY												
10	19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) QUEENIE McCORKLE 19th. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 701 MELLO CT./BALTIMORE, MD 21205												
	20a. METHOD OF DISPOSITION 1 XI Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) GARRISON FOREST VA CEM. 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place) GARRISON FOREST VA CEM.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. / 1101 E. NORTH AVENUE												
	23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Daeth disease or condition										tween		
z	resulting In death) a. Mult Organ ta (Luce) DUE TO (OR AS A CONSEQUENCE OF):										1 d	4	
CATIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF): c. Infected AV fratula [We								1 Wee	42		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO 10	game Shock - Energent AVR + CABG x 1 to LAD 3 mont								the		
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. Inferfeal AV fishula L. Landragania Due to (OR AS A CONSEQUENCE OF): d. Cardragania Shoele - Emergent AVR + CARG × HolAD 3 menths PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. April Series; Old CAA, New O CAA, ASHD April Series; Old CAA, New O CAA, ASHD Long ferm Verbilator requirement, ESRD, Maltigle bents Preumonik, Drabetes												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ONO 26. PLACE OF OEATH (Check only one) HOSPITAL: 1 OTHER: 4 Nursing Home 5 Residence 3 Other (Specify)												
BY PHY	7. MANNER OF OEATH 28a. OATE OF INJURY 28b. TIN							28d. DESCRIBE HOW INJURY OCCURED					
- 11	3 Sulcida 8 Could not be detarmined	lory, office		28f, LOCATION (City or Town,	Street and Num State)	ber or Aural R	Route Number,						
COMPLETED	(Check only one) 29a. CERTIFIER CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my	y knowledge, daat nination and/or im	h occurred	at the a	lme, data opinion, de	and place, and du	io the cause(s) as	nd manner as a	itated.) and manner as stat	ted.	
TO BE C	SIGNATURE AND TALK OF CENTIFIER	aum	m				29c. LICENSE NU	MBER	29d, D	ATE SIGNED	(Month, Dey, Year)		

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MD 21201

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	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. N	0.						
		HALL ALICE	(SPRIGGS) MAR	2. DATE OF DEATH MONTH	7 9	YEAR 11:49 P					
	217-56-5869 10M204		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	CAA 44 CO 14 1		BIRTHPLACE (State or Foreign Country)					
TOR	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH BALTIMORE RESIDENCE OF DECEMENT										
DIRECTOR	10e. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 V YES 2 NO					
FUNERAL	100. STREET AND NUMBER 1332 DIVISION STREET		10f. ZIP CODE 21217			EN OF WHAT COUNTRY? J. S. A.					
BY FUR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 X NO R OR DATES	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 — YES 2 NO Spe	ican, Puerto Rican, etc.)	es or No 1	4. RACE — American Indian, Black, White, etc. Specify: BLACK					
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i UNEMPL	k done during most of working retired.)	16b, KIND OF B	USINESS/INDU						
	17. FATHER'S NAME (First, Middle, Last) EMORY D. SPRIGGS	Otterite	18. MOTHER'S NAME (First, Middle, Maiden Surneme) ADDIE HOLMES								
TO BE	190. INFORMANT'S NAME (Type/Print) PEGGIE SPRIGGS	19b. MAILING AI 1239 D	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1239 DIVISION ST./BALTIMORE, MD 21217								
	20s. METHOD OF DISPOSITION 1 G Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF	DISPOSITION (Name of	OATE 20c. L	OATE 20c. LOCATION — City or Town, State RANDALL STOWN, MD						
	21. SIGNATURE OF FUNERAL DELIVICE LICENSEE	Jours	22. NAME AND ADDRESS OF		NORT	H AVENUE					
CERTIFICATION	23. PART 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch es cerdiac or respiratory errest, ehock, or heart fellure. Liet only one ceuse on each line. IIMMEDIATE CAUSE (Final disease or condition resulting in death) A 1 0 S DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE. (Disease or Injury that intileted events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to de	eath but not resulting in	the underlying cause given i	n Part I. 24a. WAS A PERFC 1 TYES	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Vinpatient 2 E		28. PLACE OF DEATH (CTHER: Nursing Home 5 Residence								
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, 2 Accident Injuratigation	JURY 28b, TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCUI	REO					
		NJURY — At home, ferm, atra .: (Specify)	et, factory, office	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of examiner.	knowledge, death occurred a	nt the time, date end piece, end do	ue to the ceuse(e) end ma	inner ee stated.	Ceuse(e) and manner se stated,					
BE O	29b. SIGNATURE AND TITLE OF CERTIFIER A fan Thuhalum m	edil nite	29c. LICENSE N			HIGNEO (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE & S. G. G. CECNE S.T.	OF DEATH (ITEM 27) (Type, Pri	1021211								
	JAN US 1992 June Day de James D	SIGNATURE									

THE THE DISCRETE AND THE COURT AND THE COURT OF THE PROPERTY O

DEPORTED OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

ALICE S MAKSHALL

BALTIMORE, MARYLAND 21215-0020

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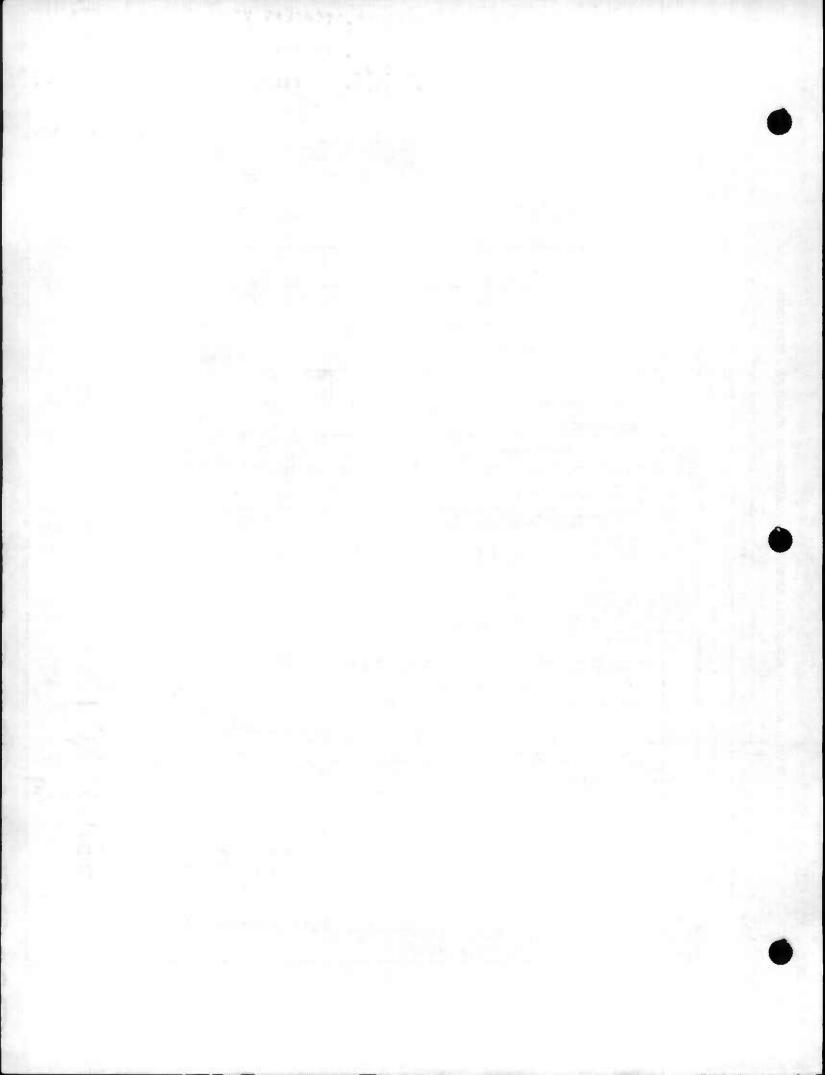
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.			
1. OECEDENT'S NAME (First, Middle, Las		- 2				OF DEATH	war.		TIME OF OEATH
NICHOLAS	VINCENT	MA	NCUSO	•	MONTH	DAY	YEA		12-101
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE C	F BIRTH	8. 8	IRTHPLA	CE (State or Foreign
215-18-6646	1 😡 M 2 🗆 F	76 YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)		ountry)	o. Md.
9a. FACILITY NAME (If not institution, giv		, 0	9b. CITY, TOWN	OR LOCATION OF O		, , ,	9c. COUNTY C		
Fallston Gen. H	os.		Falls	ston			Har	ford	
10a. STATE 10b. COU	NTY	10c. Cl	TY, TOWN OR LOCA	TION				100	I. INSIDE CITY
Md.	Baltimore			Fork				10	LIMITS? YES 2 V NO
10e. STREET AND NUMBER			10	H. ZIP COOE	`		10g. CITIZEN	OF WHAT	COUNTRY?
127	17 Fork Rd.			210	15.1		US	Λ	
11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 K NO Specif	NIC ORIGIN		or No- 14. F	RACE — . Black, Wi	American Indian, hite, etc.
15. OECEDENT'S E	OLICATION	16. DECEDENTS	S USUAL OCCUPATI	ON	166	KIND OF BIRE	NESS/INDUSTR		
(Specify only highest gr	ade completed)	(Give kind of	work done during m	ost of working	100.	KIND OF BOSI	NESS/INDOST	11	
Elementary/Secondary (0-12) 12 VIS	College (1-4 or 5+) 4 VIS.	Sales			NA	nousia	& Sons	100	
17. FATHER'S NAME (First, Middle, Last)	7200	00100	,	18. MOTHER'S NA				500	
THE PRINCE OF TH	Vincent	Mancuso		Particular Section 19				2220	ooi
19a. INFORMANT'S NAME (Type/Print)	711100110		G ADDRESS (Street	and Number or Rural			Sciaba		221
Mrs. Margaret	Manauco			Rd. Fork,			, State, Zip Cook	9)	
20s. METHOD OF DISPOSITION	Maricusu								
1 Warrial 2 Cremation 3 R	emovel from State	20b. PLACE AND OAT of cemetary, cremator FOTK U.	y or other place)	(Name - 8 - 9	OATE	20c. LOC	ATION — City of	or Town,	Stata
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		FOIK U. M				_			
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF F	E.	.F.Lass	sahn Fu	uner	al Home
▶ E. F. La	south		11750	Belair					
reaulting in death)	a. OUE TO (OR	AS A CONSEQUENCE							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	R AS A CONSEQUENCE O							
PART II. Other significent condit	ona contributing to de	eth but not resulting	In the underlyle	na ceuse alven ir	Part I.	24a. WAS AN	UTOPSY	24b. WE	RE AUTOPSY FINDIN
CA OF PHAN	YNX & F	ACE	, in the underlyin	ig souse given it		PERFORI	MED?	AM	AILABLE PRIOR TO
CA OF PHAR CONGESTIVE	HEART	PAILUR	-		_	1 YES 2	NO	OF	OEATH?
CONDESTIVE	1101111	Pasteon	2					1 [YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only on	e)			
1 TES 2 NO	1,1	R/Outpatient 3 DOA	4 🗆 Nursing Ho	me 5 🗌 Residence		* * * * * * * * * * * * * * * * * * * *			
27. MANNER OF DEATH	28s. DATE OF INJ (Month, Day,	JURY 28b. TI		JURY AT	28d. OES	CRIBE HOW IN	IJURY OCCURE	EO	
1 Natural 5 Pending 2 Accident Investigation	onn		M 1 🗆	YES 2 NO					
3 Suicide 8 Could not 4 Homicide detarmined	building, etc.	NJURY — At home, farm i. (Specify)	, street, factory, off	ce		ATION (Street as or Town, State)	nd Number or R	tural Rout	9 Number,
(Orack Oray	IYSICIAN: To the best of my							use(s) sr	id manner as state
29b. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	JMBER	T	29d, DATE SIG	SNED (M	onth, Day, Year)
Whihavi	MD-				609.		1/5		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (74	oe. Print)				-13	. ,	
KAMRUDINM				N ST.	10000	- AF C	MAK	MA	121179
31. OATE FILEO (Month, Day, Year)	32_REGISTRAR'S	SIGNATURE		31	IJVK	- 0 = 4	17/2	.,	1-10.0
The state of the s	32. REGISTRANS								

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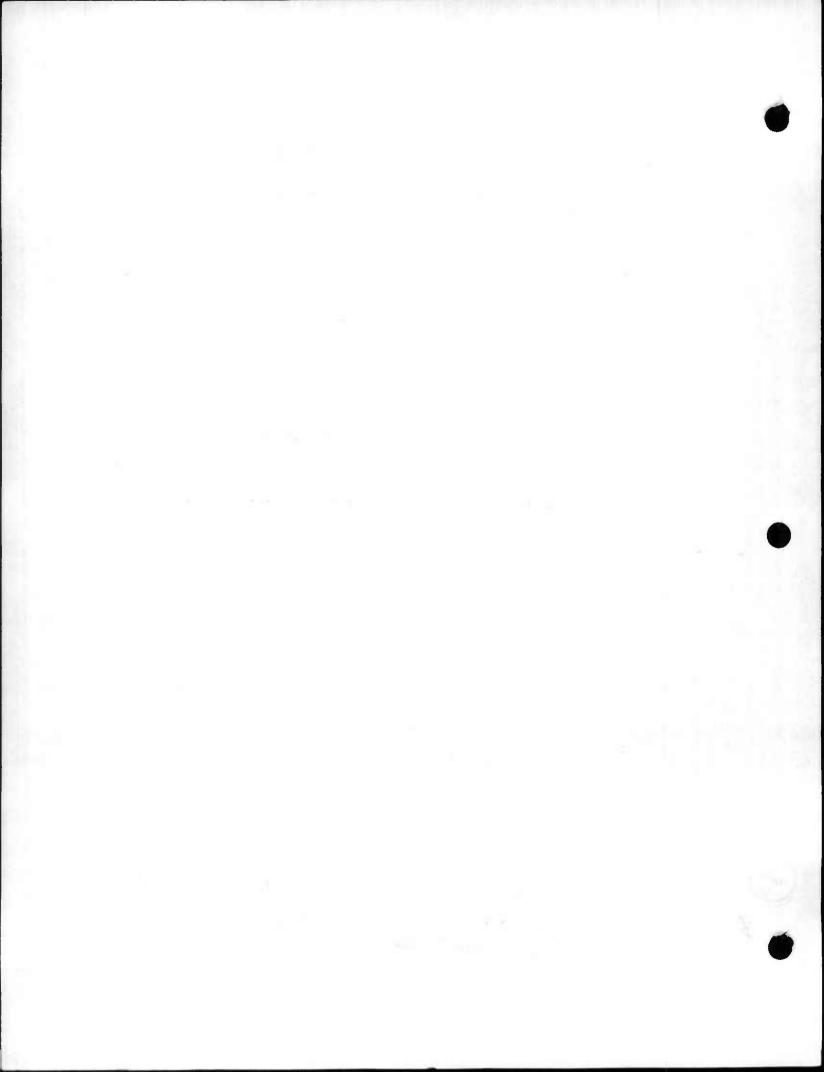
1 - FOR STATE REGISTRAR

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	1 - FOR STATE OF MA	ARYLAND / DEPAI CERTIF	RTMENT OF H	HEALTH AND ME	ENTAL HYGIENI REG. NO.	Ē					
	1. DECEDENT'S NAME (First, Middle, Last) I S Q Q O V L 4. SOCIAL SECURITY NUMBER 5. SEX	miller			DATE OF DEATH DA	- 92	8 Am				
	4. SOCIAL SECURITY NUMBER 216-01-1380 9a. FACILITY NAME (If not institution, give street and number)	8. AGE (In yrs. lest birthday) 80 yrs.	MONTHS DAYS	HOURS MIN.	Month, Day, Year) AUG. 14, 19	911	RTHPLACE (State or Foreign unitry) MARYLAND				
ECTOR	99. FACILITY NAME (If not institution, give street and number) HOWARD COUNTY GENERAL HOSPITAL RESIDENCE OF DECEDENT 90. CITY, TOWN OR LOCATION OF DEATH COLUMBIA 90. COUNTY OF DEATH HOWARD										
DIR	10a. STATE 10b. COUNTY MARYLAND		10								
NERAL	106. STREET AND NUMBER 107. ZIP CODE 21215 108. CITIZEN OF WHAT COURSE 11. MARTINE STATUS DR. APT 2—A 11. MARTINE STATUS DR. APT 2—A 11. MARTINE STATUS DR. APT 2—A 12. WAS DECEDENT EVER IN U.S. ARMED. 13. WAS DECEDENT OF HUSBANIC ORIGINA (S. I.)										
BY FUNE		EVER IN U.S. ARMED YES 2 TRO R OR DATES	ENDENT OF HISPANIC ecity Cuben, Mexican, F 2 NO Specify:	ACE — American Indian, ack, White, etc.							
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	B USUAL OCCUPATION work done during more retired.)	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY	,				
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	CL	ERK (COU	NTER MAN) 18. MOTHER'S NAME	(First, Middle, Maiden S	OOD STO	RE				
BE	ARRAHAM MILLER 190. INFORMANT'S NAME (Type/Print)	19b. MAILING	G ADDRESS (Street e	JENI and Number or Rural Rout		KNOWN)					
10	MRS ANDREA B COHEN	46 20b. PLACE AND DATE	FRANKLIN OF DISPOSITION (Na	VALLEY (CIR. REI		WN,MD 21136				
	1 XBuriet 2 Cremetion 3 Removal from State 200. LOCATION - City or 200. LOCATION - C										
	23. PART / Enter the diseases, or domplications that of		6010	REISTERST	OWN RD.	BALTO.	MD 21215				
	Janock, or meet lendle. List only one cause	on esch line.					Approximate interval Between Onset and Death				
CATION	Sequentisity list conditions, if any, leading to immediate	ente My. R AS A CONSEQUENCE O R AS A CONSEQUENCE O Mi Ly	1971 e 1971 e	unoria	- Corer	on der	for				
RTIFI	CAUSE (Disease or injury that infiliated events resulting in death) LAST	RASA CONSEQUENCE O	mylly C	ghe le	Menney		20020				
AL CE	PART ii. Other aignificent conditions contributing to de	eth but not resulting		//			4b. WERE AUTOPSY FINDINGS				
MEDICA	Chromi brain S	md			PERFORM 1 TYES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26, PL OTHER:	ACE OF DEATH (Check	only one)						
ву Рнуз	27. MANNER OF OEATH 1 Natural 5 Pending 28e. DATE OF IN (Month, Day.		IE OF 28c. INJI	e 5 Residence 6 DURY AT RK? /ES 2 NO	Other (Specify) d. DESCRIBE HOW IN	JURY OCCUREO					
- 1		NJURY — At home, farm, (Specify)	street, fectory, office	28	City or Town, Stete)	d Number or Rura	If Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my one) 2 MEDICAL EXAMINER: On the beet of exam	/ knowledge, death occurr	ed at the time, date	end piece, end due to t	the cause(e) end menn	er ee stated.	e(e) end menner ee stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER It - Toencer along	Ma		29c. LICENSE NUMBER			ED (Month, Day, Year)				
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE H. JAVASSOLIE MA	OF OEATH (ITEM 27) (Typo)	, Print)		VE R	4 E M	D, 21229				
	31. DATE FILED (Month, Day, Year) 32: REGISTRAR'S	SIGNATURE		7 1)			2 1				

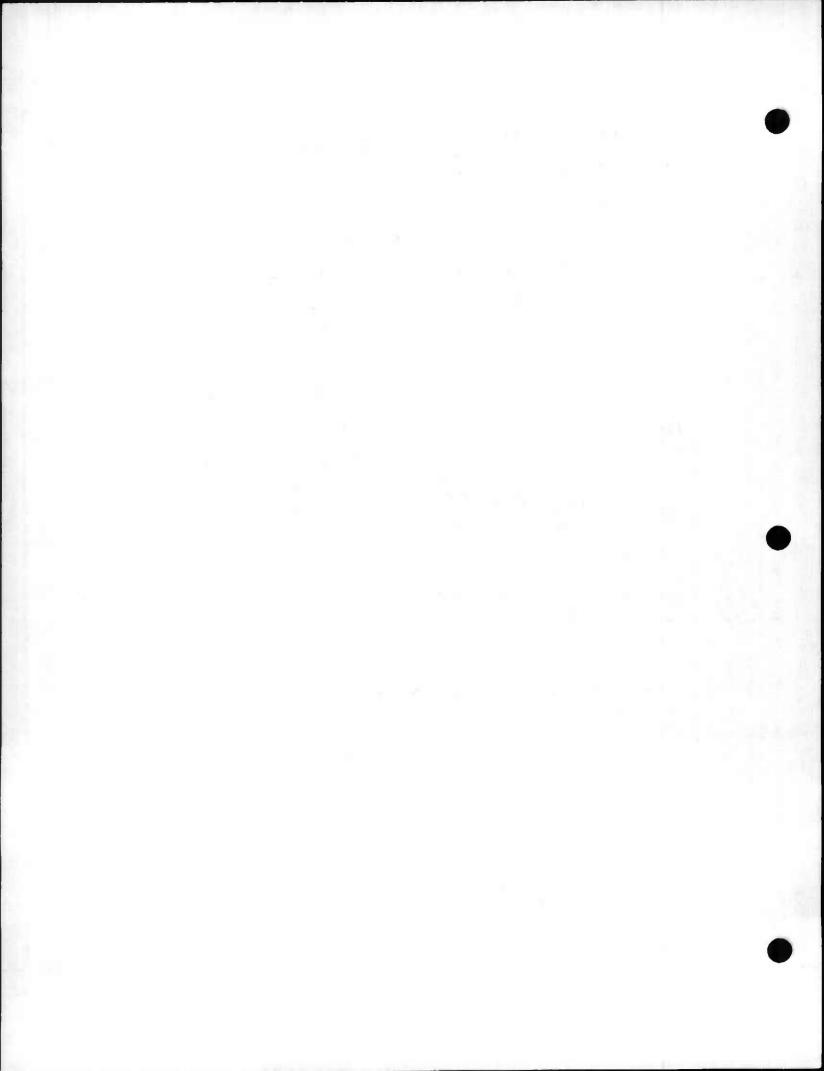
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND / DEP CERT	ARTMENT IFICATE				MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Las	, Kelly		Ne1				2. DATE OF OEAT	N	9 ^{YEAR}	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs, last birthd			E (MOCO)	na Lime	7. DATE OF BIRTH			1:05am
	220-14-0489	1 💢 M 2 🗌 F	66 YR	MONTHS	DAYS	HOURS	MIN.	7-29-2	r)	8. BIRT	NPLACE (State or Foreign try)
TOR	9a. FACILITY NAME (If not institution, give Maryland Gene RESIDENCE OF DECEDENT		ta1	9b. CITY		altimo			9c. COU	NTY OF	DEATN
DIRECTOR	10s. STATE 10b. COUN	пү		CITY, TOWN C		TION					10d. INSIDE CITY LIMITS? 1 V YES 2 NO
FUNERAL	100. STREET AND NUMBER 1108 W. BALTIMO	DE STREET			101	2122	3			IZEN OF	WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. ARMED	13.	WAS DEC			IIC ORIGIN? (Specify			E — American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W			f yee, sp	ecify Cuban 2 X NO	, Mexice Specify	n, Puerto Rican, atc.)	Blec	k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY										
	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NA	ME (First, Middle, Me.	den Surname)		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street e	and Number of	or Rumi I	Route Number, City or	Forces Otato Fin	Codel	
5	PATRICIA HAMLI	N						TIMORE,			
	20a. METHOD OF DISPOSITION t M Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	moval from State	20b. PLACE AND DA cometery, crematory of WESTERN	TE OF DISPOS	ITION /Na	me of		DATE 20c	LOCATION -	City or To	
	21. SIGNATURE OF FUNERAL SERVICE I	tto t	· Jone	22. 1	NAME AN	D ADDRESS		1			'
CERTIFICATION	23. PART I. Entar tha diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	Sepsis a. DUE TO Right 8 DUE TO	on asch line. OR AS A CONSEQUENCE Sided pneum OR AS A CONSEQUENCE	op: lonia op:			g, 000		apriatory and		Approximate interval Betweer Onset and Dasti
SERTIF	that initiated events resulting in death) LAST	d	(OR AS A CONSEQUENCE	OF):							
PHYSICIAN: MEDICAL	PART II. Other significant condition	ons contributing to	death but not resultin	g in tha un	derlying	cause gi	ven in	PER	AN AUTOPSY FORMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
SAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DE	ATH (Che	ack only one)			
YSIG	1 TES 2 XIO	HOSPITAL:	ER/Outpetlent 3 DOA	OTHER		e 5 🗆 Rael	idence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending investigation	28e. DATE OF (Month, De		IME OF INJURY M	28c. INJI WO	RK?	NO	28d. DESCRIBE HO	W INJURY OCC	CURED	
	2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF	INJURY — At home, fare etc. (Specify)	n, streat, facto	ory, office)		281. LOCATION (Str. City or Town, St	eet and Number ate)	or Rural I	Route Number,
COMPLETED			my knowledge, death occ								e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIC					29c. LICEN		BER			(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W					1.6			-		
	Charahjit Sh	320 REGISTRAL			Lan	d Gen	era	1 Hospita	al		
	JAN 08 1992	Julia Da	r's signature Midson-Randall								

DHMH-16 Rev 1/89



TO THE HORDITAL ON ATTENDIAM: The law requires that the death partitions and within 24 hours after death Date & comments of the control of th
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							A Second				
		DEPAI	RTMENT OF I	TEALTH AN	D MENTAL HYGIE REG. N	INE IO.	12 00276				
	1. DECEDENT'S NAME (First, Middle, Last) Frank Nobles				2. DATE OF DEATH MONTH		3. TIME OF DEATN				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	8. 7. DATE OF BIRTH		BIRTHPLACE (State or Foreign				
	041-16-0916 12M20F 77	YRS.	MONTHS DAYS	HOURS MIN	5-3-1	4	Country) N.C.				
H	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8c. COUNTY OF										
S											
DIRECTOR	10b. COUNTY		10d. INSIDE CITY LIMITS? 1 2 YES 2 NO								
	10e, STREET AND NUMBER	100, STREET AND NUMBER 101, ZIP CODE 109, CITIZEN OF									
FUNERAL	2520 W.1047 min	65t		वे।वे	23	, (J.S.A				
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		If yea, ap	ecify Cuban, Mai	PANIC ORIGIN? (Specify vicen, Puerto Rican, etc.) ecity:	fee or No —	Black, White, atc.				
	15. DECEDENT'S EDUCATION 16a. D (Specify only highest grade completed)	ECEOENT'S	USUAL OCCUPATE work done during me se retired.)	ON ost of working	16b, KIND OF B	USINESS/INDUS	TRY				
COMPLETED	6 th	e. Do NOT u	se retired.)			ows f	2, nt				
	17. FATNER'S NAME (First, Middle, Last)			MOTHER'S	NAME (First, Middle, Maide	en Surname)					
TO BE	19a. INFORMANT'S NAME (Type/Print)	96. MAILING	ADDRESS (Street	and Number or Ru	ral Route Number, City or To	own, State, Zip Co	Do Batto My				
	Mame W. Nobes 200. METNOD OF DISPOSITION 200. DE NOBES 200. DE	250	20 W	. Ba	to st	212	23				
	Burlet 2 Cremation 3 Removal from Stata 20b, PLACE Cemeter f. Cor	emitory or o	OF DISPOSITION (Na	y Part	17-97 A	OCATION - CIT	or Town, State				
	21. SIGNATURE OF FUNEAAL SERVICE LICENSEE	000	22. NAME A	ND ADDRESS OF	FACILITY	1 100010	3, 4				
	I Jala I Jarch		Hazg	300	wabash	Ave					
	23. PART I. Enter the diseasea, or complications that caused the dishock, or heart failure. List only one cause on each lin iMMEDIATE CAUSE (Finel disease or condition resulting in death) a. DUE TO (OR AS A CONSE	8.			emboli	piratory arres	t, Approximate interval Between Onset and Death				
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	OUENCE O	onale		uctivic Pi	ulunou	ary disease				
	PART II. Other aignificant conditions contributing to death but not				in Part i. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDICAL	Congestive Heart	Fai	lure.		1 TYES	PRMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
NAN I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PI	ACE OF DEATH	(Check only one)		<u> </u>				
72	1 ☐ YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Norm	e 5 🗆 Residenc	ce 6 Other (Specify)						
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28b, TIM	URY WO	URY AT PRK?	28d. OESCRIBE NOW	INJURY OCCUP	DED				
	3 Suicide 8 Could not be detarmined 26a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, :	street, factory, offic		281, LOCATION (Stree City or Yown, State	t and Number or e)	Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, done) 2 MEDICAL EXAMINER: On the bests of examination and/or	eath occurre	ed at the fime, data	and place, and d	lus to the cause(s) and m	anner sa stated.	ause(a) and manner on stated				
BEC	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N			IGNEO (Month, Day, Year)				
0	Terren Claring House of	lice	/	038	2993	D 11	13/92				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE		e stree	t Ba	Itimore	M.A.	21201-				
	JAN 08 1992 Julie Tay door Randell										



TO THE FINE TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RINETAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be the when 72 hours death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

INPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF N					DEAT		MENTAL HYGIE REG. N				
	1. DECEOENT'S NAME (First, Middle, Last)	WILLIAM	VANCE		DNC				2. DATE OF DEATH	DAY	3	. TIME OF DEATN	
	William 4. SOCIAL SECURITY NUMBER	Vanc			nond		IV		i	6	9 2 1	0:20 A. M	
		5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street		all	THS.	AL CITY	TOWN! O	R LOCATIO		8-28-70		<u>L</u>	CA	
E C			h a a h						ATN	9c. COL	INTY OF DEA	ТН	
5	1515 West Lom	Dard 5	treet		ва	1011	more						
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d BALT IMORE									Dd. INSIDE CITY LIMITS?			
	10. STREET AND MIMAGES										YES 2 NO		
ERA	1616 M LANVALE STREET												
FUNERAL	15.15 W. LANVALE STREET 212.17 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No. 14. RACE - A										- American Indian		
BY F	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 N	0		f yes, spe	cify Cubsr 2 X NO	ı, Maxicai	n, Puarto Rican, atc.)		Black, \	White, atc. BLACK	
	15. DECEDENT'S EDUCAT	TION	18a DEC	FOEMT'S	USUAL O	CCUPATIO	Al		T 441 - WIND 05 -			DLACK	
COMPLETED	(Specify only highest grade co.	mpleted) College (1-4 or 5 +	(Giv	e kind of v Do NOT us	vork done o	during mos	it of working	7	16b. KIND OF B	USINESS/IN	DUSTRY		
MPL		2 yrs.		EMPL	OYED								
00	17. FATNER'S NAME (First, Middle, Last)	D							ME (First, Middle, Maide	,			
BE	WILLIAM ORMOND, S	Λ.							L. BOOZE				
유	WILLIAM ORMOND, S	R.	196.	34 J	OYCE	STR	EET/	or Rural F	RMORE, City or R	wn, State, Zij	Code)		
	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE O	F DISPOS	ITION (Ner	ne ol			_	City or Town	State	
	1 X Buriel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	- 1	MEMORY	GAR	DEN"	CEME	TERY		1		ERMORE, California		
	21. SIGNATURE OF FUNERAL SERVICE V CEN	SEE			22. 1	NAME AN	D ADDRES	S OF FAC					
	from A.	1 10 10 1	psin						4./1101 E			NUE	
	23. PART Enter the diseases, or con ehock, or heart feliure. Lie iMMEDIATE CAUSE (Finel disease or condition	npilcetions that t only one caus	ceused the dea					-	tosuca			Approximate interval Between Onset end Death	
	reculting in death) a	CULL OUE TO	OR AS A CONSEQU	JENCE OF	nez	ul	L,	Yn	losoura	tis	30		
z					,								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOL	JENCE OF):								
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A CONSEQU	JENCE OF):								
ITH	resulting in deeth) LAST			JENOE OF	,							j .	
C	PART II Other elegificant conditions of	antilbutles to	death but and a	- 141 - 1									
ICAL	PART II. Other eignificent conditions of	onthouting to t	deeth but not re	suiting l	n the un	derlying	ceuse gi	ven in i	PERF	N AUTOPSY	All	ERE AUTOPSY FINDINGS WILABLE PRIOR TO	
MEDI									Y1 YES	2 LNO		OMPLETION OF CAUSE F DEATH?	
2 2								_	- []		1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						CE OF DE	ATN (Che	ck only one)				
YSI	1X YES 2 □ NO	OSPITAL:	ER/Outpatient 3	DOA	OTHER 4 Nurs		5X Res	idence (Other (Specify)				
H H	27. MANNER OF DEATN 1 Natural 5 Pending	28a. OATE OF I (Month, Day	y, Year)	28b. TIME INJU	JRY	28c. INJU WOR	IK?		Sub 1ec	INJURY OC	CURED ed		
B	2 Accident Investigation	1 6 28s, PLACE OF		10:2		1 N	s X	NO	Exhadet				
28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Lot Behind home 29a. CERTIFFIER (Check only one) 29a								3.50					
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAL					me, data a	and place	and due t				50.	
OM	one) MEDICAL EXAMINER: C	on the basis of ex	aminstion and/or im	restigation	, in my op	pinion, de	eth occure	d at the t	ime, data and place, a	and due to th	e cause(s) er	nd manner as stated.	
ш	286. SIGNATURE AND SITUROF CERTIFIED	/					29c, LICEN					onth, Day, Year)	
TO B	The Jett	274					0	.c.	M.E.	•	1-6-		
- 1	ME NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE	OF DEATH (ITEM	27) (Туре,	Print)								
	31. DATE FILED (Month, Day, Year) JAN U 8 1992	016/11	M 11	1 Pe	nn	Str	eet,	Ва	1timore	, Ма	rylan	d 21201	
	JAN U 8 1992	Juna Dav	S SIGNATURE NO	حالات									

1000

to a very a silving Star St.

8. BIRTHPLACE (State or Foreign

Maryland

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc. Specify: White

1 YES 2 NO

YEAR

1992

9c. COUNTY OF DEATH
Baltimore

USA

10g. CITIZEN OF WHAT COUNTRY?

10e. STATE

DIRECTOR

FUNERAL

Carleton

9a. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

4. SOCIAL SECURITY NUMBER

213-10-3847

Broadmead
RESIDENCE OF DECEDENT

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

13801 York Road

1 Never Married 2 Married

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Cockeysville

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE 21030

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify:

Cockeysville

Peterman

6. AGE (In yrs. lest birthday)

81

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES

Н.

1 X M 2 - F

5. SEX

Baltimore

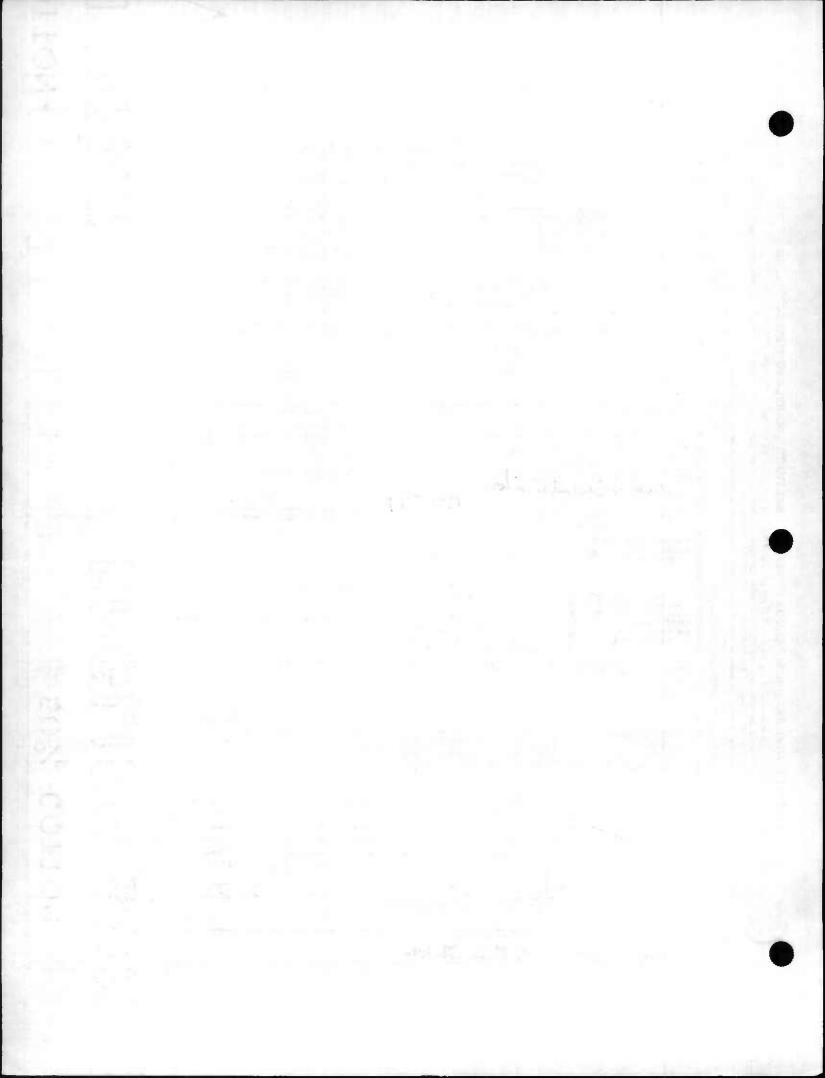
2. DATE OF DEATH DAY Jar. 4

7. DATE OF BIRTH (Morth, Day, Year) Jan. 25 1910

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
LTIMORE, 1	sath. Page 6 may be
BA	24 hours after de
3OX 68760,	te be executed within
3DS, P.O. E	the death certifica
'AL RECOF	The law requires that
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NOING PHYSICIAN:
SIVIS	OR ATTE

à l	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 165	NO Specif	ry:		Specify:	wille	
	15. DECEDENT'S ED (Specify only highest grad		16a.	. DECEDENT'S USUAL	OCCUPATION OCCUPATION	ON ost of working	18b. K	IND OF BUSINESS/INDU	USINESS/INDUSTRY		
PLET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Lawyer						La	w			
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY	17. FATHER'S NAME (First, Middle, Last) Charles Peterm	an				16. MOTHER'S NA		ldie, Maiden Surname)			
∞	19a. INFORMANT'S NAME (Type/Print) Helen F. Peterm	an						City or Town, State, Zip C	Town, State, Zip Code) ille, Md. 21030		
	20e_METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from Stata		ACE AND DATE OF DIS trary, crematory or other ruid Ridg			DATE	20c. LOCATION — C		, state Maryland	
		lamp or stamp for	Ma	22	. NAME A	ND ADDRESS OF FA	nell-Wi	edefeld , Timoniu	m, M	d. 21093	
	23. PART I. Enter the dieeeses, or shock, or heart failure iMMEDIATE CAUSE (Finel diseese or condition reculting in desth)		on eech	line.	er the me	ode of dying, euc	ch ee cerdie	c or respiratory arre	st,	Approximate Interval Betwee Onset and Dec	
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Multiple Carchivoluble										
MEDICAL	PART II. Other aignificent condition	ons contributing to de	eth but n	not resulting in the	underlyir	g cause given ir		24a. WAS AN AUTOPSY PERFORMED?	A) C)	TERE AUTOPSY FINDIN VAILABLE PRIOR TO OMPLETION DF CAUSI F DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)							
2	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
	27. MANNER OF DEATH 1 Natural 5 Pending investigation	28e. DATE OF IN. (Month, Day,	JURY Year)	28b. TIME OF INJURY M	W	JURY AT ORK? YES 2 NO	284. DEȘCRIBE HOW INJURY OCCURED				
9	A A 1/4	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specific)								ite Number,	
OMPLE	(Ondon Only)	SICIAN: To the best of my								ind manner as stated	
BE	296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	for un	4			29c. LICENSE NO	JMBER 450	29d. DATE	GANED OF	unth, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON Walter Hepner,	III, M.D.		3313	Pape	r Mill R	d., Pl	hoenix, Mo	d. 21	131	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	-								

burial-transit permit. Pages 1, 2, 3 should THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with



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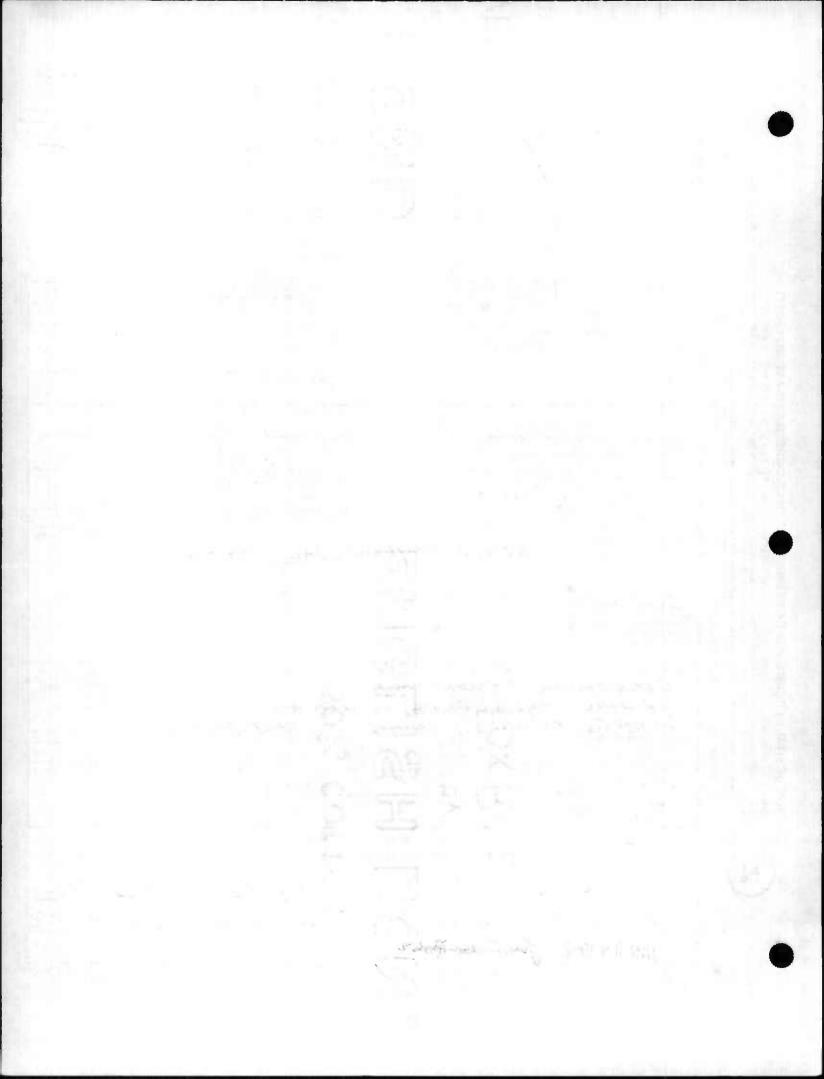
ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s yval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
THE PROPERTY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE ENTERN. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s	PORTANN II item 28 is marked, or item 23 shows any injury, or other traumatic event, the modical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SOCIAL SECURITY NUMBER 2 13-01-6562A 1	FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AN OF DEATH	D MENTAI	HYGIENE REG. NO.		00279
**SOCK SCONTY NUMBER 213—01—6562A 11 **1 **1 **1 **1 **1 **1 **1 **1 **1	1. DECEDENT'S NAME (First, Middle, Last)	Ru F	Per	ALM	esa)		OF DEATH	- 9EAR	3. TIME OF DEATH 35
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Security Security			SPITAL			F DEATH		COUNTY OF DE	ATH
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Secretary Secondary (9-12) Codegos (1-4 or 5 +) Tourism of the process of t	1 Never Married Married	FORCES? Y	ES 2 NO	If ye	s, specify Cuban, Ma	xican, Puarto I		14. RACE Black Specifi	
ABRAHAM PEARLMAN 198. INFORMANT'S NAME (Pyre-Princ) MRS. BELLE PEARLMAN 198. MANUAG ADDRESS (Street and Number or Rarel Roofs Number, City or Rown, Stein, Zip Code) MRS. BELLE PEARLMAN 2702 COPPERFIELD CT. BALTO., MD 21209 10. Balton of Disposition 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Convention 3 Removel from State 10. Butter 3 2 Butter 4 2 Convention 3 Removel from State 10. Butter 3 2 Butter 4 2 Butter 4 2 Butter 4 2 Butter 4 2 Butter 4 Butter 5 Butter 4 Butter 5 Butter 4 Butter 5 Butter 4 Butter 5 Butter 4 Butter 5 Butter 4 Butter 5 Butter 4 Butter 5 Butter 4 Butter 5	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	(Give kind of life. Do NOT u	work done during se retired.)	PATION og most of working	16b		S/INDUSTRY	
MRS. BELLE PEARLMAN 2702 COPPERFIELD CT. BALTO., MD 21209 1200 1209 1209 1200 1209 1209 1200 1209 1200					16. MOTHER'S			7-2	
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SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 23. PART I Enter the disease's, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heaft feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	1 X Burial 2 Cremation 3 Ramo 4 Donation 5 D Other (Specify)	1	20b. PLACE AND OAT of cemetary, cremator BETH TFI	e of disposi y or other place LOH	TION (Name	1			
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AMALABLE FIND TO COMPLETION OF CAU OF DEATH? PERFORMED? YES 2 NO	If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events			14					
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DIARTIE N	willitue	ENOUS CON	LEU	KEMIA-	407	Ta Shin		
1	EXAMINER?		Outpatient 3 🗆 DOA	OTHER:			ne)		
3 Suicide 6 Could not be detarmined 29e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29e. CERTIFIER 1 CERTIFIE	1 Natural 6 Pending			JURY	WORK?		SCRIBE HOW INJUR	Y OCCURED	
	3 Suicide 6 Could not be	20e. PLACE OF INJ building, etc. (URY — At home, farm, Specify)	, street, factory.	office			umber or Rural F	loute Number,
one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as state	(Check only) and manner as stated.

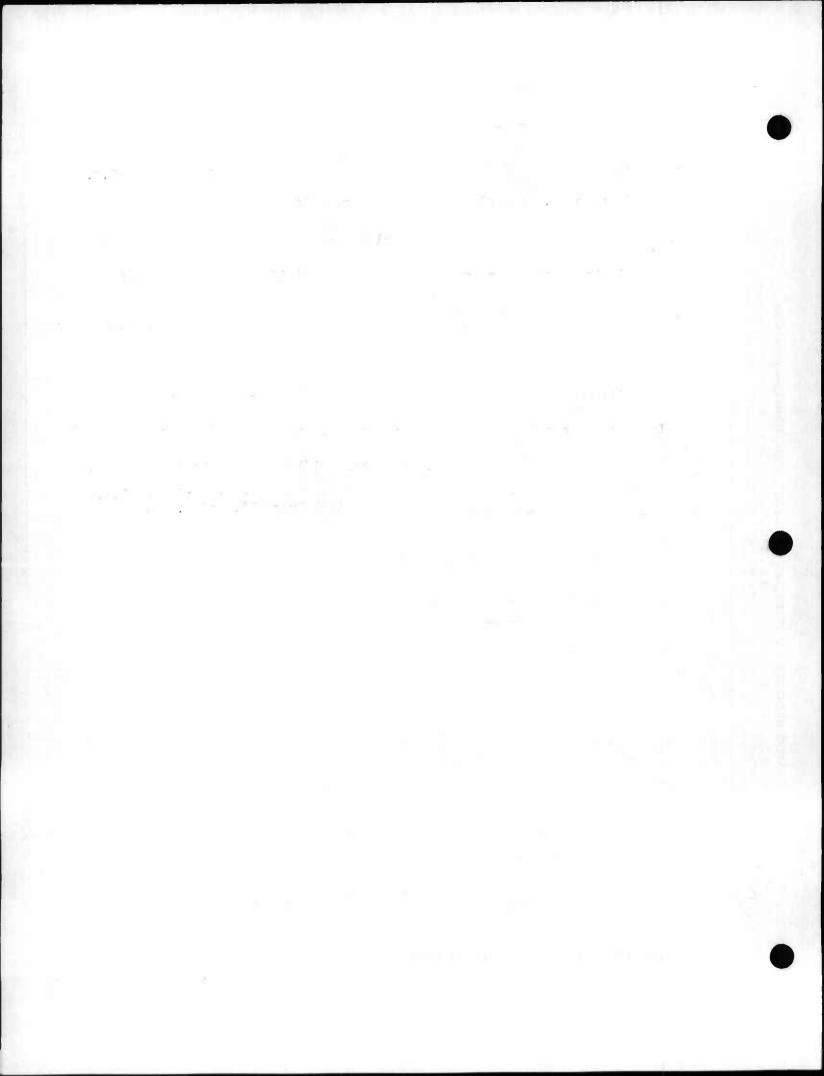
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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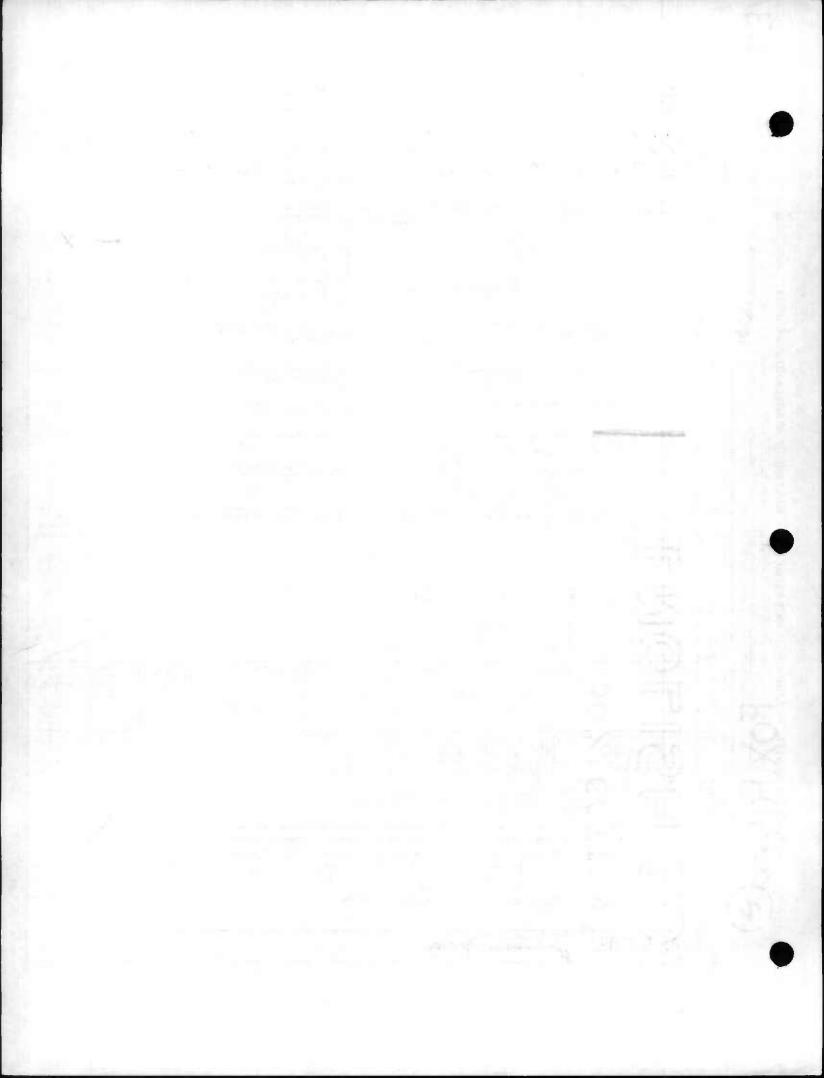


	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEF	EPARTM	ENT OF H	EALTH AND I	MENTAL HYGIEN	E		
	DECEDENT'S NAME (First, Middle, Last) A. SOCIAL SECURITY NUMBER	N	Robinso	ns	on		2. DATE OF DEATH MONTH DA	9	MICCOLL	
	213-34-1099 9e. FACILITY NAME (If not institution, give s	1 ☐ M 2 #F F	AGE (In yrs. last bir	YRS. MOR	UNDER 1 YEAR ITHS DAYS CITY, TOWN C	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 8/9/15	9c. COUNTY	S . C . OF DEATN	
TOR	Baltimore CC	. General			Rand	allstown	1			
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	1	ос. сіту, то Ва1	timore	ION		10d. INSIDE CITY LIMITS? 1. YES 2 □ NO			
ERAL	100. STREET AND NUMBER 2607 Park H	eight Terr	ace		10f.	21215			OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 INO	D	If yes, spe	ENDENT OF HISPAN icity Cuben, Mexical 2 NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: T. American	
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BE COM	17. FATNER'S NAME (First, Middle, Last) William	Moton					ME (First, Middle, Meiden S ra Can			
10	190. INFORMANT'S NAME (Type/Print) Imogene Bonap	arte	19b. M. 27	Matt	hew Rd	nd Number or Rural F	oute Number, City or Town, artford Co	State, Zip Cod nnecti	out 06108	
	2e. METHOD OF DISPOSITION 1/ Burlel 2 Cremetton 3 Remit 4 Donetton 5 Other (Specify)		20b. PLACE AND cemetery, cremete Mt.	DATE OF DIS Dry pr other p Z1011	sposition (Nat laca) Cem .	1/10/92		ation – chy sdown e		
	21. SIGNATURE OF PUMERAL BERVICE LIC	aste	V		Est 13	00 Eutaw	ers Funera Pl. Balto	. Md.	P.A. 21217	
CEHTIFICATION	23. PART I. Entar the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE/TO (OR)	AS A CONSEQUE	NCE OF	tic(e of dying, such	es cerdiec or respir	tasta	Approximete interval Between Onset and Deeth	
CAL	PART II. Other significent condition	s contributing to deed	th but not resu	iting in th	e underlying	ceuse given in I	Part I. 24a. WAS AN A PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHTSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆 g		HER:	ACE OF DEATH (Che				
7 70	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye	ar)				26d. DEŞCRIBE NOW IN.	IURY OCCURE	D	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At home, : Specify)	term, street,	, factory, office		28t. LOCATION (Street an City or Town, Stete)	d Number or Ru	ral Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINER	CIAN: To the best of my king. Con the basic of examin	nowledge, death o	occurred at t	the time, date o	end place, end due to the occured at the 1	to the cause(s) end mannime, date and place, end	er as stated. due to the ceu	se(s) end menner as stated.	
IO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Gem.	mer	bel	W	29c. LICENSE NUM			Med (Mohth, Day, Year)	
	Elizabeth M	Burk	e.t	(T)pe, Print)	Him	ore Co	unty G	ENR M	ultosp.	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	A Arnda 90	4					V	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			C									
1. DECEDENT'S NAME (First,		,	0				2. DATE	OF DEATH	Ŋ	YEAR	3. TIME OF DI	EATH
Clarence		WARD	_ Jy	E			Jar		10	192	0231	
4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. Is	200 111111111	MONTHS DAY		(Month	OF BIRTH	128	Count	HPLACE (State of ry) TVlan	
Baltimore C	etitution, give st	Genera			9b. CITY, TOV	VN OR LOCATION OF E				UNTY OF C		<u> </u>
RESIDENCE OF DEC 10a, SYATE	10b. COUNTY			10c. Cl	TY, TOWN OR LO			7			10d. INSIDE C	1
Maryland					Bal	timore			10a, C	TIZEN OF	MAT COUNTRY	
2104 Lawn	wood					2120		140		USA		
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			i +)	(Give kind of ife. Do NOT i	s usual occur i work done during use retired.) Techni	g most of working	186	KIND OF BU		ty 1	rv	
17. FATHER'S NAME (First, M.	ddle, Last)					18, MOTHER'S N	Same Free S		Sumame			
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Charlotte						vood Cir					MD 2	120
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	(Specify)		_ MD G	dill	LSOII C	entegri I:	ACH ITY AV	IOW	ing	5 MI	115, 1	יוט ד
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YEAR

2. DATE OF OEATH

7. DATE OF BIRTH

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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BY SECULTY MAKE FOR PRINCIPLES AND STORMS TO CONTROL THE STATE OF THE		213-12-6156	1 2 F	71	YRS. MONTH	B DAYS	HOURS MIN.	3-0	29-6	w	Country) MD	•
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TODATE SMITH The INFORMANT'S NAME (PypePrint) The Information of t	PLET	(Specify only highest grade	CATION completed)	16a. DECED	DENT'S USUAL and of work don NOT use retired	ne during mos d.)	N t of working	16b. K	IND OF BU	SINESS/INDUS		VITAGEN
19. MAILING ADDRESS (Siner and Number or Russ Route Names. City or Town. State. 20. COMP. 20. METOR STATTH 20. METOR OF GISPOSITION South 1.2 Commission 3. Planoval from State 4. Decretor 8. Color (Specify) 21. SIGNATURE OF PURMAL SERVICE LICENSES A CONTROL - City or Town. State 22. SIGNATURE OF PURMAL SERVICE LICENSES A CONTROL - City or Town. State 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, instending the hart februre. List only one cause on each line. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, instending the hart februre. List only one cause on each line. 24. Decretor of the state of the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, instending the literature of the state of the cause of the cause of the cause. Enter UNDERVINE CAUSE (Planoi to equal to the cause of the cause of the cause. Enter UNDERVINE CAUSE (Decretor of the cause of the ca							18. MOTHER'S	NAME (First, Mic	dle, Maiden	Sumame)		
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DOUBTOON NO BURST 2 Commentation 3 Removal from State 2 Removal from State 2 Removal from State 2 Removal from State 3 Rem	2											
Section Sect		20a. METHOD OF DISPOSITION										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH L. RUSS FUNERAL HOME 22.22 W. NORTH AVF. BALIFO, MD. 21216 22. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, inter-on-one abock, or heart feiture. List only one ceuse on each line. Apprinter abock, or heart feiture. List only one ceuse on each line. Apprinter abock, or heart feiture. List only one ceuse on each line. Apprinter about the ceuse of the ceuse of dying, such as cardiac or respiratory errest, inter-one of the ceuse of the ceuse of the ceuse of dying, such as cardiac or respiratory errest, inter-one of the ceuse		1 1 Burlai 2 □ Cremation 3 □ Remo	oval from State	cemetery, cremato	ory or other place	ie)						iata
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23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart felture. List only one ceuse on each line. MMEDIATE CAUSE (Final disease or condition)		> Vorinh h	Rus						RAL I	OME		
IMMEDIATE CAUSE (Final disease or condition resulting in death) BY OR AS A CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A					2	222 W	MORTH	AVE	RATITY	OM C	21216	
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTO OF DEATH 1 YES 2 NO 1 YES	CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										val
25. WAS CASE REFERREO TO MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, desth occurred at the time, data and place, and dus to the cause(s) and manner as stated. 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY At home, Jarm, street, factory, office 28. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 20b. TIME OF INJURY At home, Jarm, street, factory, office 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Dey, Year) 32. REGISTRARS SIGNATURE 33. DATE FILED (Month, Dey, Year) 34. REGISTRARS SIGNATURE 25. PLACE OF DEATH (Check only one) 26c. NJURY AT WORK? 1		PART II. Other eignificent condition	SHD	eath but not reau	iting in the	underlying	ceuee given i		PERFOR	IMED?	CDMI OF D	ABLE PRI PLETION D EATH?
27. MANNER OF DEATH 28a. DATE OF INJURY Month, Dey, Year) 28a. DATE OF INJURY MONCH, Dey, Year) 28b. TIME OF DEATH WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28d. DE												
27. MANNER OF DEATH 28a. DATE OF INJURY Month, Dey, Year) 28a. DATE OF INJURY MONCH, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED	2	EXAMINER?	HOSBITAL:		ОТН		CE OF DEATH	check only one)				
3 Suicide 4 Homicide 5 Could not be determined 28a. PLACE OF INJURY — At home, larm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, desth occurred at the lime, data and place, and dua to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 100) 30. NAME AND AGORESS OF PEGSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, 100) 32. REGISTRAR'S SIGNATURE	PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN-	JURY 2a	DOA 4 N	28c. INJU WOR	RY AT	7	-	NJURY OCCUP	RED	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DAVID 30. NAME AND AOORESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		3 Suicide 6 Could not be	28s. PLACE OF II building, atc	NJURY — At home, ic. (Specify)	larm, street, fa	ectory, office		26f. LOCATI City or	ON (Street e fown, State)	and Number or	Rural Route N	lumber,
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. D-Z/2 40 30. NAME AND AOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND AOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Vel/) 32. REGISTRAR'S SIGNATURE	7											
31. DATE FILED (MORITI, Day, Year) 32. REGISTRAR'S SIGNATURE	Š	(Check only	CIAN: To the best of my	y knowledge, death on nination and/or inves	occurred at the	ilme, data a opinion, des	nd place, and du th occured at It	is to the cause ie time, data an	s) and man d place, an	iner as stated. d dua to the c	eause(a) and	manner a
JAN 08 1992 Achia Davidson-Randese	BE	(Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DAVIS	CULI	digation, in m	opinion, des	ith occured at It	e lime, data an	s) and man d place, an	d due to the c	cause(a) and	
	BE	(Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	COMPLETEO CAUSE	OF DEATH (ITEM 27)	(Type, Print)	opinion, des	ith occured at It	e lime, data an	s) and man d place, an	d due to the c	cause(a) and	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

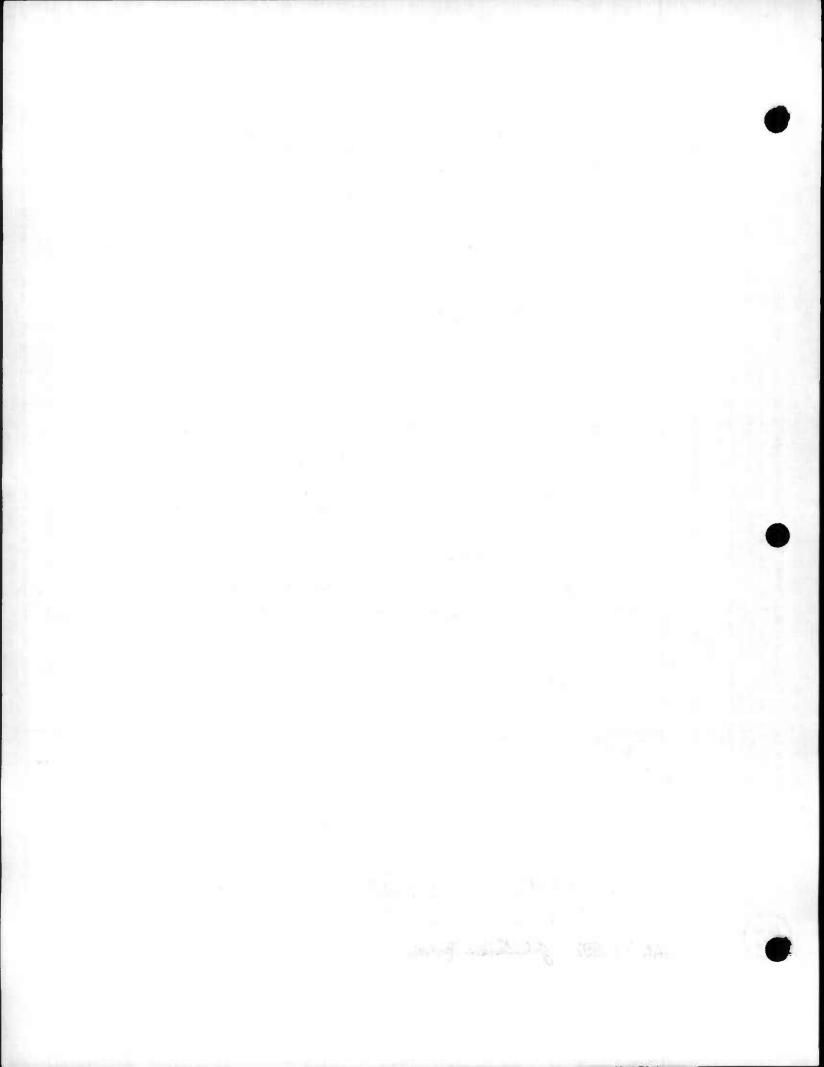
3. TIME OF DEATH

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

6. BIRTHPLACE (State or Foreign Country) MD.

DHMH-16 Rev 1/89



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR 1. DECEDENT'S NAME	Man Man I am	STATE OF I	MARYLAND C	/ DEPAR	RTMENT O	OF DEA	AND	MENTA	REG. NO	E J	4	00283
Wallace /		Shenton.	Sr.					MON		AY.	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY		5. SEX	6. AGE (In yrs. I	lant blotheles		. 4. 7/		_	SAN.		92	0935
220-32	-0123	1 M 2 🗆 F	89	YRS.	MONTHS D	AYS HOURS	MIN.	(Mon	e of BIRTH th, Day, Year) Vember		Country	Worcester
9a. FACILITY NAME (#			ПАТ		9b. CITY, TO	WN OR LOCAT				9c. COUN		ATH
PENINSU	PENINSULA GENERAL HOSPITAL SALISBURY									, r	ALCOR	ILCO
PENINSU FRESIDENCE OF 10e. STATE	10b. COUNT	Υ		10c, CIT	Y. TOWN OR L	OCATION						10d. INSIDE CITY
Md	Word	ester			erlin							LIMITS?
		CSCI			eriii	10f, ZIP COD	E	-		10e CITIZ		YES 2 NO
515 S. M	ain St.					2181	1			US		IAI COOMINIT
10e. STREET AND NUM 515 S. N 11. MARITAL STATUS 1 Never Married 2 X Widowed 4		12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES 2 5	NO NO	tf ye		OF HISPA	an, Puarto	N7 (Specify Yea Rican, etc.)		14. RACE Black,	- American Indian, White, atc. White
15. (Specifi	DECEDENT'S EDU	CATION completed)	16a. D	ECEDENT'S	USUAL OCCU	PATION ng most of work	na	16	b. KIND OF BU	SINESS/INDU	JSTRY	
15. (Specification of the control of	ory (0-12)	College (1-4 or 5) S	chool	Bus	Driver keeper	2	G	rocery	E Sc	chool	Bus Drive
17. FATHER'S NAME (Fir								AME (First,	Middle, Maiden	Surname)		Dilve
John Ric		enton				Mar	уΤ	here	sa Fox	well		
198. INFORMANT'S NAI	,		1	9b. MAILING	AOORESS (St	reet and Numbe	r or Rural	Route Num	ber, City or Tow	n, State, Zip (Code)	
Wallace A	indrew :	Shenton,	Jr.					S	tockto	n, Mo	1. 21	864
20a. METHOO OF DISPO		ovet from State	20b. PLACE	ANDDATE	OF DISPOSITIO	N (Name of		OAT		CATION — C		
4 Donation 5 C	ther (Specify)		St.	Paul	ther place) S Epis	copal	1	/7/9	2 Ber	lin.	Md.	
21. SIGNATURE OF FUN	4. 1	censee what			Bui	SE AND ACORS	Fun	eral	Home,			ams St.
disease or condition resulting in death) Sequentielly list could find any, laading to improve the cause. Enter UNDEI CAUSE (Disease or	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other signi	rocy	a	death but not		in the undar	lying cause	given in	Part I.	24s. WAS AN PERFOR	MED?	0	VERE AUTOPSY FINOINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRE EXAMINER?	D TO MEDICAL	HOSPITAL:				6. PLACE OF D	EATH (Ch	eck only o	ne)			
1 VES 2 NO		1 Inpatient 2	ER/Outpatient	3 DOA	OTHER:	Home 5 🗆 R	aldenca	6 🗆 Othe	r (Specify)			
	Pending	29a. DATE OF (Month, D		26b. TIM	URY	. INJURY AT WORK?		26d. OE	SCRIBE HOW II	NJURY OCCL	JREO	
2 Accident	Investigation	20- 21-00-0	F 181 (1100)			YES 2	NO					
3 Suicida 6	Could not be determined	building,	F INJURY At h atc. (Specify)	ome, farm, s	itreet, factory,	office		28f. LOC City	ATION (Street a or Town, State)	nd Number o	r Aural Roi	ite Number,
4 Homicida 29a. CERTIFIER (Check only one) 2 1	ERTIFYING PHYSI	CIAN: To the best of R: On the basis of a	my knowledge, d	aath occurre	n, in my opinic	data and place	, and dua	to the car	use(s) and men	ner as atated	d. cause(a) (and menner as stated.
30. NAME AND ADDRESS	MI	lesses	/ong			29c. LICI	NSE NUI	MBER		29d. OATE	SIGNED I	Nonth, Day, Year)
30. HAME AND ADDRES	S OF PERSON WHI	O COMPLETED CAU	OF DEATH (ITE	M 27) (Type,	Print)			-			-	
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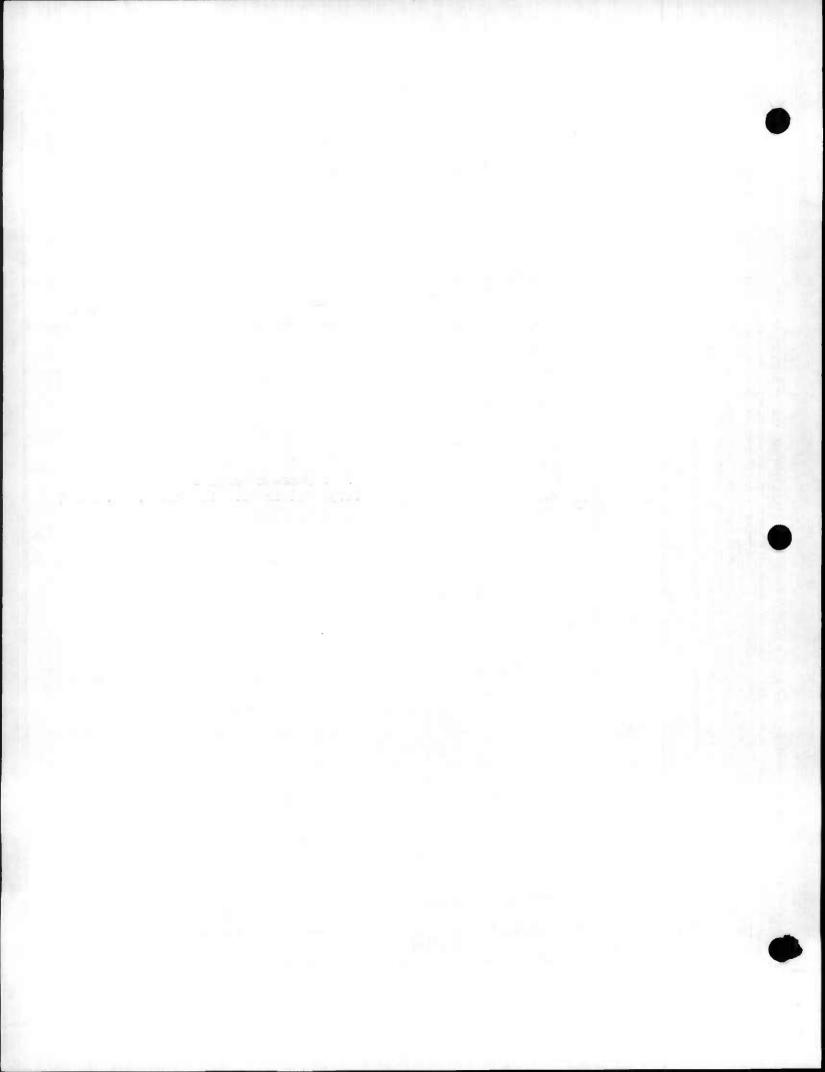
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ding physician.	the burial-transit permit. Pages 1.2		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1		ust be notified at once.
cuted within 24 hours after death. Page 6	d completely filled in by the funeral direct	vurial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
requires that the death certificate be exe-	een signed by the attending physician an	of Health and Mental Hygiene prior to b	shows any injury, or other traumal
3 ATTENDING PHYSICIAN: The law	RECTOR: After this certificate has be	irs after death with the State Dept.	m 28 is marked, or item 23 s
TO THE HOSPITAL OF	TO THE FUNERAL DIS	be filed within 72 hou	IMPORTANT: If Ite

92 00284 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR reyle 92 8. AGE (In yrs. last birthday) IF UNDER I YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign -34 (Morth, Day, Year) Dec. 18, 1935 1 M 2 F XXX 56 YRS. DAYS HOURS W. Va. Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH Good Samaritan Hos. Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Jarrettsville Harford Maryland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21084 3928 Grimm Rd. USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WO 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried If yee, specify Cuben, Mexican, Puerto Ri IF YES, GIVE WAR OR DATES BY Specify: Specify: White 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Yrs. Western Electric Machine operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Taylor Ruhama Arbuthnot BE 190. INFORMANT'S NAME (Type/Print)
Mr. Harold L. Smith 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3928 Grimm Rd. Jarrettsville,Md. 21084 20g. METHOD OF DISPOSITION
1)X Burlel 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Oak Lawn Cemetery 1-6-92 Eastpoint, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 HAME AND ADDRESS OF FACULTY UNeral Home E. J. James 11750 Belair Rd. Kingsville, Md. 21087 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart failure. List only one cause on each line. Intarval Between **IMMEDIATE CAUSE (Final** Onset and Daath disease or condition CONSEQUENCE OF): resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 3 H OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specily) 1 YES 2 NO 1 Inpatient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Mgnth, Day, Year)

9 S OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print 32, REGISTRAT'S SIGNATURE



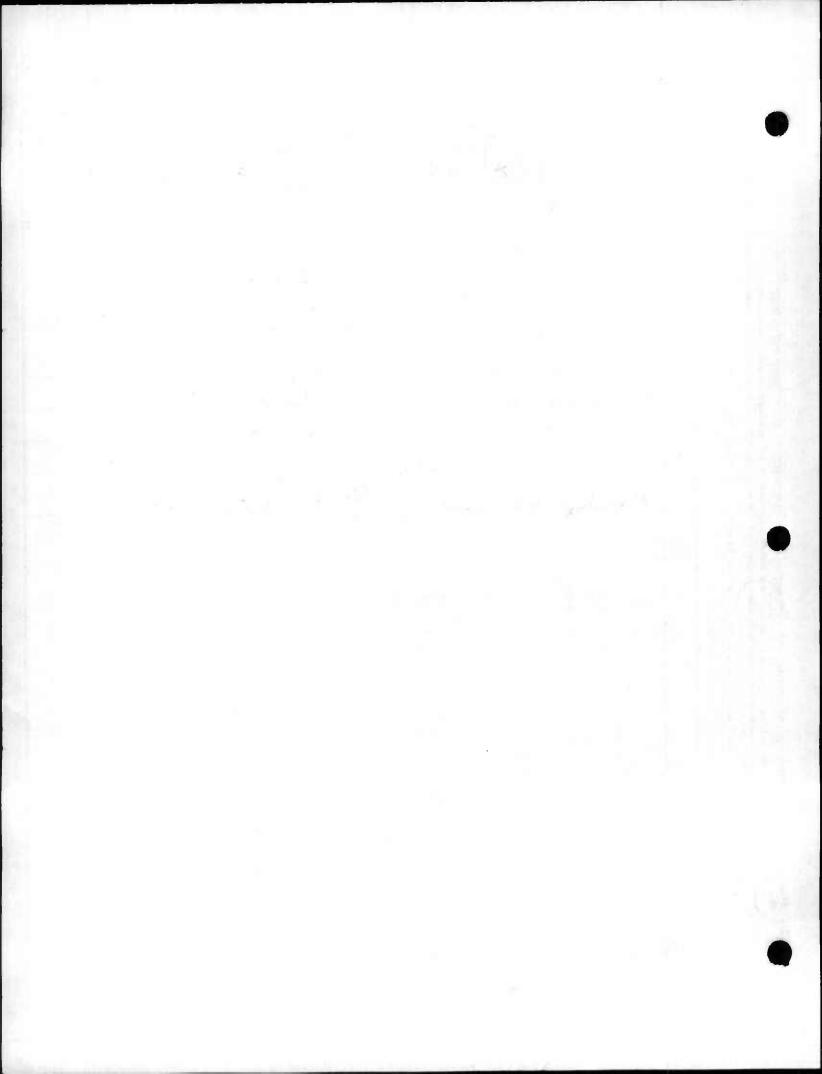
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DIVISION OF VITAL RECORDS, P.O. BOX 0876

within 24 hours after death. Page 6 may be retained by the hospital or attending physician. pages 1, 2, 3 should spletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certification are called within 24 hours after death. Page 6 may be retained by the detection of the strength of the flued in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygie or to the strength, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF ERTIFICATE O	HEALTH AND F DEATH	MENTAL HYGIEI		. 90200
	1. DECEDENT'S NAME (First, Middle, Last)	ELIZA J.	STEWA	RT	2. DATE OF DEATH	DAY 90 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/3-34-8326	5. SEX 6. AGE (In yrs. to	yrs. Wonths Days		7. DATE OF BIRTH (Month, Day, Year) 3-25-/	Count	HPLACE (State or Foreign Inv)
TOR	98. FACILITY NAME (If not institution, give str University RESIDENCE OF DECEDENT	2) tul	Ba H	OR LOCATION OF I	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	100. STATE 10b. COUNTY		Ba (to	CATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER	17		101. ZIP CODE 2/2	29	10g. CITIZEN OF	SA
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 S. Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 FIF YES, GIVE WAR OR OATES	NO If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	ne or No— 14. RAC Blac Spec	E — American Indian, k, White, etc.
COMPLETED	15, DECEOENT'S EQUC, (Specify only highest grade of Elementary/Secondery (0-12)		ECEDENT'S USUAL OCCUPA Give kind of work done during i e. Do NOT use retired.)	TION most of working	16b. KIND OF BU	JSINESS/INDUSTRY	8401
BE COM	17. FATHER'S NAME (First, Middle, Last)	ue		18. MOTHER'S N	AME (First, Middle, Melder	Sumame)	
TO B	190. INFORMANT'S NAME (Type/Print) Ed WIZT & Stein	19	b. MAILING ADDRESS (Street	and Number or Rural	Route Number, City or Tox	wn, State, Zip Code) ASE · M	D ZIZZO
	20e_METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remon 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from Stale	AND DATE OF DISPOSITION!	Name of LM	18-92 H	rbutus,	
	> Gladus	Warren	Mar	AND ADORESS OF F	H. West	abash	Ave
	23. PART I. Enter the diseases, or contended in the conte	proplications that caused the delated only one cause on each line	е.	node of dying, su	ch as cardiac or resp	piratory arreet,	Approximate interval Between Onset and Death Z Days
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	DUE TO (OR AS A CONSEI DUE TO (OR AS A CONSEI HYPERT NS 18	ellitus	C .			16413
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions Muth Infant Status Post	contributing to death but not rect Dementia. Respondent Arre		ng cause given in	PERFOI	RMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (C			
	27. MANNER OF OEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide a Could not be determined	26e. PLACE OF INJURY — At he building, atc. (Specify)			28f. LOCATION (Street City or Town, State)	end Number or Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CERTIFYING PHYSIC	AN: To the beet of my knowledge, de	eath occurred at the time, da	le end place, end due death occured at the	I to the cause(e) end men time, date and place, ar	nner ea stated.) end menner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Malcolm T, Foster	TO MD	1760	29c. LICENSE NU		29d. DATE SIGNED	
F	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITER	M 27) (Type, Print)			. / //	
	JAN 0 8 1992 che	32. REGISTRAR'S SIGNATURE					



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH	RE	EG. NO.			
i		Simon.	SON	1 2			2. DATE OF D	EATH DAY	YEAR 92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-48-7240	1 🗆 M 2 💢 F	AGE (In yrs. lest	YRS.	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		: Year) L1/1907	Count	MARYLAND	
NO.	9a. FACILITY NAME (If not institution, give s 3802 BANCROFT I			9b. CITY, TOWN OR LOCATION OF DEATH 212.15					9c. COUNTY OF DEATH USA		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			10c. CITY,	TOWN OR LOC	BALTIMOR	Œ			10d. INSIDE CITY LUMITS? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
FUNERAL	100. STREET AND NUMBER 3802 BANCROFT RD				1	01. ZIP CODE 2121	.5	10g. C	USA	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XN	MED O	If yes,	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	an, Puerto Rican		Blac	E — American Indian, ck, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a, DEC (Giv life.	e kind of wo Do NOT use	SUAL OCCUPATION of done during retired.)	SECRETAR	λ.	SSOC. JI		CHARITIES	
COM	17. FATHER'S NAME (First, Middle, Last) HYMAN SILVER	45.4						o, Maiden Surname			
TO BE	19s. INFORMANT'S NAME (Type/Print) MR. LEE SIMONS	ON				and Number or Rural					
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cregnation 3 Ram 4 Donation 5 Other (Specify)		20b. PLACE	AND DATE	OF DISPOSITION		DATE	20c. LOCATION BALTII	- City or T		
	21. SIGNATURE OF FUNERAL SERVICE LA	Julli	udu		22. NAME SOL	LEVINSON	ACILITY BRO			MD 21215	
	23. BART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat only one cause	on each line.	VASI	eulm	2 150	Hemi	A	arreat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. EMPI	R AS A CONSECUTIVE AS A	WENCE OF	1	127 6	A(1-0	IRE		9 mos 18mos	
PHYSICIAN: MEDICAL CE	PART il. Other significant condition	ns contributing to d	eath but not re	esulting in	tha underly	ng cause given li		WAS AN AUTOPS PERFORMED? YES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
N: M								(1 Tes 2 No	
VSICE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 7 1 Inpatient 2 E	R/Outpatient 3		OTHER:	PLACE OF DEATH (C		ecity)			
ВУ РН	27. MANNER OF PEATH 1 Natural 5 Pending Accident Investigation	26a. DATE OF IN (Month, Day,	JURY Year)	29b. TIME INJU	JRY	YORK 2 NO	28d. DEŞCRII	BE HOW INJURY	OCCURED		
	3 Suicide S Could not be determined	25s. PLACE OF building, at	INJURY — At hor c. (Specify)	me, farm, s	treet, factory, of	lica		N (Street and Num wn, State)	nber or Rural	Route Number,	
COMPLETED	CONSCR CHIN	ICIAN: To the best of m								(a) and menner as stated.	
TO BE C	295, STONATURE AND TITLE OF CERTIFIE 30, MANE AND ADDRESS OF PERSON WITH	M W	OF DEATH (ITEM) 127) (Type,	Print)	29c. LICENSE NO	142	*	1/57	92	
	JACKEN 31. DATE FILED (Month, Day, Year)	/SS/M	S SIGNATURE	40	o our	rg ca	IPT R	DB	ALT	MO 21208	
	JAN 08 1992	Jana Davids	n-Hande	20							

DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 h DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BORTANT: I Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

THE RESIDENCE OF THE CONTROL STATE OF THE ST

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 30 A M OSE AFFRON JAN. 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1/14/1908 1 M 2 XF VIRGINIA 83 215-16-1807 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 10e STATE 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21209 USA 2708 HANSON AVE. nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If wes. specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO BY Specify 3 Widowed 4 Divorced Specify:WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (ELST. MICHON MAIGH SCHOOL) ISRAEL CAPLAN notified at BE THE INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 2 MRS. ANITA COHEN 21209 BALTO., MD 2708 HANSON AVE. be METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State director, 1 Donation 5 ☐ Other (Specify) OHEL YAKOV—BETH ISRAEL 1/6/92 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, . INC. the funeral man 6010 REISTERSTOWN RD. BALTO., MD 21215 medical ART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by Approximate IMMEDIATE CAUSE (Final this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hygiene prior to burial, cremation, the **Onset and Death** disease or condition reaulting in death) Ruptiered Abdement 8hrsh12 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 10 any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS Gai AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO phen OF DEATH? 23 shows 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Accides After the death v BY 1 YES 2 NO Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicida 69 DIRECTOR: A 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 28 THERAL DI. 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. HUSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, MPORTANT death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Patri 92 Deed 1-4-2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Are. Greens 21215 31. DATE FILED (Month, Day Year)
LIAN 08 1992 32. REGISTRAR'S SIGNATURE

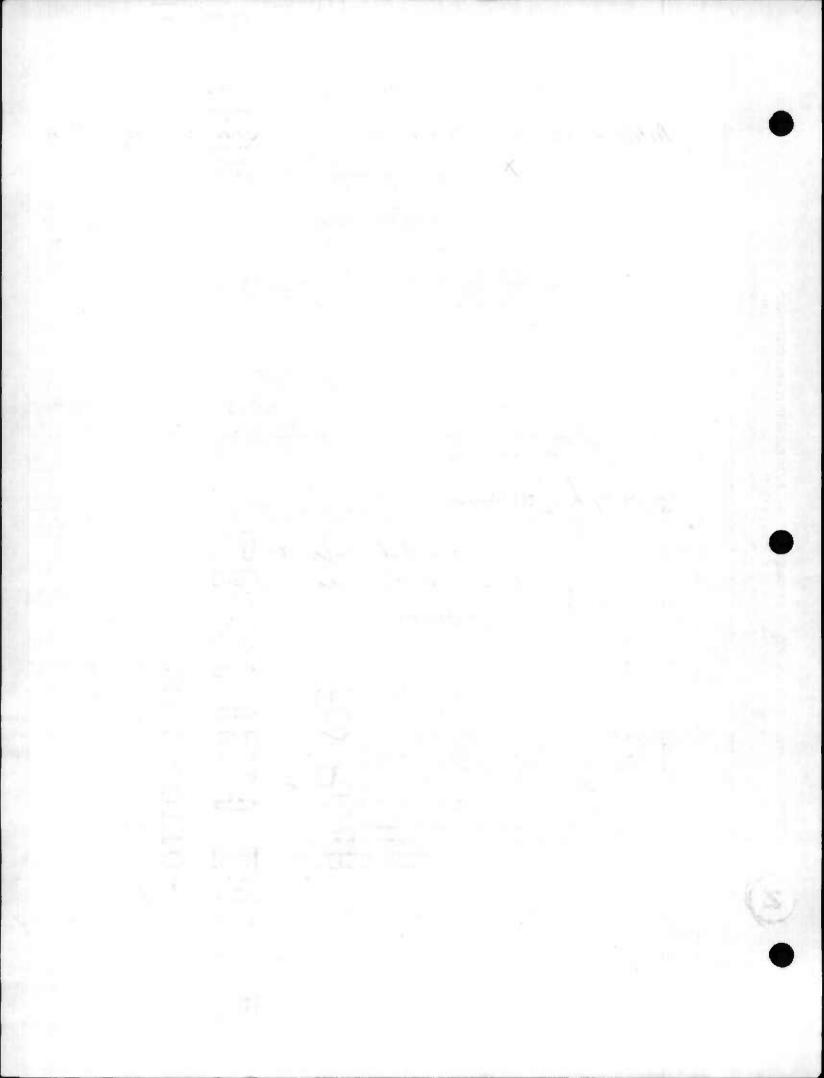
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DNMH-18 Rev 1/89

Pages 1, 2, 3 should

SPITAL OR ATTENDING PHYSICIAN: The law requires that the update defined the update of which 24 hours after death. Made of high be fellanted by the nospital of attending physician.	FINESTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	within A. Dollas Betal with the Cast Open. Or result are western jugates pour to construct, or removes. Open and the second of the Cast Open and Interview or other transmistic event the medical eventuely be notified at once
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ATTEN	CTOR	S arrer
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1. DECEDENT'S NAME (First, Middle, Li		1	TIFICATE	OI DEATH	REG. NO.		3. TIME OF DEATH
1.111.0	VE 1.	514	IER		JAN 3	5, 19	92 630 A.
4. SOCIAL SECURITY NUMBER 266-56-8330	5. SEX 1 M 2 F	NGE (In yrs. lest bir	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/30/1	907	BIRTHPLACE (State or Foreign Country) NEW YORK
9a. FACILITY NAME (If not institution, g			9b. CITY	, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH
2920 W. STRATH				BALTIMO	RE		
10a. STATE 10b. COL		1	Oc. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?
MARYLAND			BA	ALTIMORE			1 X YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2920 W. STRATE					1209	USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 XNO		WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 NO Specify	nn, Puerto Rican, etc.)	n or No — 14.	RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S (Specify only highest g			DENT'S USUAL O	CCUPATION during most of working	16b, KIND OF BU	SINESS/INDUS	rry
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)		AT H	OME	
AT PATHERIO MARIE CO	4		HOUSE				
17. FATHER'S NAME (First, Middle, Last) MATTHEW	THUNE			1a. MOTHER'S NA	DORA (v1)
19a, INFORMANT'S NAME (Type/Print)	THOME	19b. M	AILING ADDRES	S (Street and Number or Rural		UNKNOW	
DR. SEYMOUR SI	(LVER			. STRATHMORE		TO. MD	21209
20a. METHOD OF DISPOSITION		20b. PLACE AN	D DATE OF DISF	OSITION (Name			or Town, Stata
1 Burial 2 Cremation 3 1 4 Donation 5 Other (Specify)		of cemetary, cre GREEN	MOUNT	CEMETERY 1	/6/92 B	ALTIMO	RE, MD
21. SIGNATURE OF FUNERAL SERVIC	LICENSEE		22.	SOL LEVINSO	CILITY	TNO	
Ayduly L	-/ telle	an					O., MD 21215
immediate Cause (Final disease or condition resulting in death)	B. DUE TO (OR	AS A CONSEQUE	ence of:	infancto heard	diene		
Sequentially list conditions,		AS A COMSEQUE		vicen s	Day R.	<u> </u>	
If sny, lesding to immediate cause. Enter UNDERLYING	E	~ 14 Se	me.				
If any, leading to immediate	c. DUE TO (OR	AS A CONSEQUE	ENCE OF):				
If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	d			nderlying cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d			nderlying cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART ii. Other significant cond	d				PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ii. Other significant cond	AL HOSPITAL: 1 Inputent 2 ER	with but nDt resident not resident not resident not resident not not not not not not not not not n	Ulting in the understanding in	26, PLACE OF DEATH (C R: rsing Home 5 & Raeidence	PERFO 1 YES:	RMED? 2 ANO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	AL HOSPITAL: 1 Inpatient 2 ER (Month, Day, Y	with but nDt resident not resident not resident not resident not not not not not not not not not n	Uiting in the u	26. PLACE OF DEATH (C	PERFO 1 YES:	RMED? 2 ANO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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If sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only)	AL HOSPITAL: 1 Inpatient 2 ER AL HOSPITAL: 1	/Outpatient 3 URY 2 LIRY At home (Specify)	DOA OTHE OF INJURY M , farm, street, fac	26. PLACE OF DEATH (C. R: raing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFO 1 YES: 1 YES: 6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State	INJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 3 Suicide 6 Could no detarmine 29a. CERTIFIER (Check only)	AL HOSPITAL: 1 Inpatient 2 En Inpati	J/Outpatient 3 URY 2 JURY — At home (Specify) knowledge, death ination and/or inv	DOA 4 Nurse OF INJURY M, farm, street, fac	26. PLACE OF DEATH (C. R: raing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFO 1 YES: heck only one) 6 Other (Specify) 26d. DE\$CRIBE HOW 26f. LOCATION (Street City or Town, State a to the cause(a) and ms e time, data and piece, a	INJURY OCCUI and Number or) inner as stated and due to the o	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



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DIVISION OF VITAL RECORDS, P.O. BOX	DO ATTENDING DUVERGIAM: The fact consists that the dansk andifferent he may
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THE POSPTAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE POSPTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF		DEPARTMENT		D MEI	NTAL	HYGIE	VE .	
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í	1. DECEDENT'S NAME (First, Middle, Last)		ERTIF	ICATE	- 01	DEA	IH.	2. DATE OF I	EG. NO.	- 3		3. TIME OF DEATH
	JULIUS P.	SEFRE'	Г						JANUA	DA		YEAR	5:30 a.m.
	4. SOCIAL SECURITY NUMBER 21 9 -18-1625	5. SEX	6. AGE (In yrs. I	ast birthday) YRS.	# UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF B (Month, Day		1024	Counti	IPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give	street end number)	07		9b. CITY	TOWN C	OR LOCATE	ON OF DE		710/		NTY OF D	
	THE JOHNS HOPKI	NS HOSPITA	AL		BAL'	TIMO	RE C	ITY				-	
	10a. STATE 10b. COUN	ТҮ		10c. CIT	TY, TOWN C	R LOCAT	TION						10d. INSIDE CITY
- 18.	MARYLAND 100. STREET AND NUMBER	BALTIMORI	E		B		MORE						1 YES 2 X NO
	2415 LIGHTFOOT	DR.				101.	. ZIP COD		209			ZEN OF V USA	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TYES 2]NO	1	t yee, spe	ENDENT Cooling Cubs	n, Mexice	IIC ORIGIN? (Sp n, Puerto Rican	pecify Yee i, etc.)	or No	14. RACE Black Speci	E — Americen Indian, c, White, etc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	18e. C	ECEDENT'S	S USUAL O	CUPATIO	ON st of workin	10	166, KIN	D OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +		fe. Do NOT u	WNER	g mo			HEAT	ING	&AIR	CON	DITIONING
	17. FATHER'S NAME (First, Middle, Last) MORRIS SEFRET						16. MOTI	HER'S NAI	ME (First, Middle OSE A	s, Maiden S TTMA	Sumame) N		
I	190. INFORMANT'S NAME (Type/Print) MRS. MARILYN SE	FRET	1	96. MAILING 241	5 LI	(Street as	nd Number	or Rural F	Route Number, C BALT	O.	, State, Zip MD	2120	9
	20e. METHOD OF DISPOSITION												
ŀ	1 Burlet 2 Cremetion 3 Red Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L			rematory or c	other place)		iD ADDRES	1 SS OF FAC	/5/92		SEDAI		
	Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE SE	cametery, c.	ORBAN	other place) ID 22. I	NAME AN	LEVI	NSON TERS	/5/92 LA BRO	RO	SEDAI INC. BALTY	LE, 1	MD
	1 Buriei 2 Cremetion 3 Red 1 Donetion 5 Other (Specify)	complications their List only one cau	t ceused the dise on each ilm	ORBAN Deeth. Do no.	politar place) 22. 60 not enter	NAME AN SOL Olo the mod	LEVI REIS de of dy	NSON TERS ing, such	/5/92 CILITY & BRO TOWN R h es cerdlec	ROS,	SEDAI INC. BALTY	LE, 1	MD
	23. PART i. Enter the diseases or condition	complications their List only one cau a. Due to Due to C.	t ceused the dise on each lim	POPULATION OF THE POPULATION O	not enter	NAME AN SOL Olo the mod	LEVI REIS de of dy	NSON TERS ing, such	/5/92 CILITY & BRO TOWN R h es cerdlec	ROS,	SEDAI INC. BALTY	LE, 1	MD 21215 Approximate Intervel Betwee Onset and Dec
	Buriel 2 Cremetion 3 Ret 21. Signature of Funeral Service L 23. PART i. Enter the diseases, or shock, or heert feliure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	complications that List only one cau a. DUE TO b. DUE TO c. DUE TO d.	cametery, c. F.	CORBAN CORBAN Leeth. Do one. COURNE OF THE COURNE OF TH	not enter	NAME AN SOL OILO OILO OILO OILO OILO OILO OILO	LEVI REIS de of dyl	NSON TERS ing, such	/5/92 CILITY & BRO TOWN R h es cardiec ch y aca	ROS,	SEDAI INC. BALTY atory error	O.,	MD 21215 Approximate intervel Between Onset and Del Conset and De
	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) PART II. Other significent conditions. PART II. Other significent conditions.	complications their List only one ceu a. DUE TO b. DUE TO d. DUE TO d. LIST ONLY ONLY TO SERVICE	t ceused the dise on each line which (OR AS A CONSI	POPERATOR OF THE POPERA	not enter	NAME AN SOL DIO the mod	ID ADDRESS LEVI REIS de of dys	NSON TERS ing, such	/5/92 CILITY & BRO TOWN R h es cerdlec	ROOP STATE OF THE PROPERTY OF	SEDAI INC. BALTY atory error	O.,	MD 21215 Approximate intervel Between Onset and Deel Organization of Carlot Were Autopsy Finding Available Print of Completion of Carlot Completion of Carlot Completion of Carlot Completion of Carlot Completion of Carlot
	23. PART I. Enter the diseases, or shock, or heert feilure IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) PART II. Other significent conditions in the condition of the condition	complications their List only one ceu a. DUE TO b. DUE TO d. DUE TO d. DUE TO d. LIST OF TO TO TO TO TO TO TO TO TO TO TO TO TO	cametery, c. F. Coursed the dee on each line to each lin	PORBAN CORBAN not enter	NAME AN SOLJ 010 the model of t	ID ADDRES LEVI REIS de of dyl	NSON TERS ing, such	/5/92 I & BRO TOWN R h es cardlec	ROOP ROOF ROOF ROOF ROOF ROOF ROOF ROOF	SEDAI INC. BALTY atory error	D.,	MD 21215 Approximate intervel Between Onset and Del Conset and De	
	Buriel 2 Cremetion 3 Ret Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L Donetton 5 Other (Specify) 23. PART I. Enter the diseases, or shock, or heert feliure IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other significent conditions or injury that initiated evente resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending trivestigation	complications their List only one ceu a. DUE TO b. DUE TO d. DUE TO d. DUE TO d. LIST OF TO TO TO TO TO TO TO TO TO TO TO TO TO	cametery, c. F. Constitution of the constitut	POPULATION OF THE POPULATION O	in the under of Juny M	NAME AN SOIL OLD OLD OLD OLD OLD OLD OLD OLD OLD OL	ACE OF DIE	TERS ing, such	Part I. 24a.	ROOP ROOF ROOF ROOF ROOF ROOF ROOF ROOF	SEDAI INC. BALTY atory error	D.,	MD 21215 Approximate intervel Between Onset and Del Conset and De
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	Danetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST PART II. Other significent conditions and the cause in the cause of the caus	complications their List only one ceu a.	cametery, c. F. Coursed the descent and the second	POPER OF THE POPER	orther place) 22. 1 60 not enter A Christian PF: PF: In the un OTHER 4 Num BE OF JURY M attrest, tector	derlying 28. PL ing Home 28c. INJUNOTY, office	ACE OF DI URY AT RES 2 ond place,	TERS ing, such	Part I. 24a. City or Tow City or Tow 15/92 City or Tow	ROOP ROOP ROOP ROOP ROOP ROOP ROOP ROOP	SEDAI INC. BALTX story error WITOPSY MED? HO JURY OCC.	Do , Sest, 24b.	MD 21215 Approximate intervel Betwee Onset and Dei Y mush. Young. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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THE STATE OF THE SAME CHANGE OF THE CONTROL OF THE SAME OF THE SAM	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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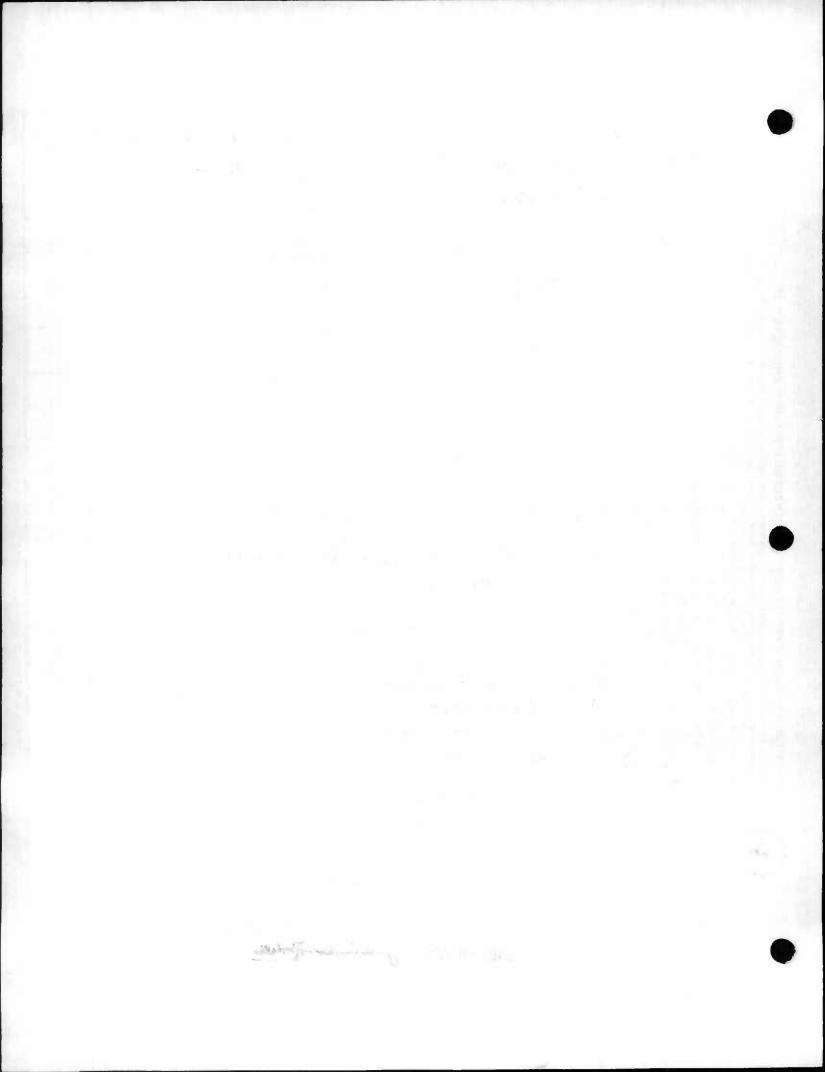
1. DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	CATE OF	DEATH	NTAL HYGIEN REG. NO).	
MINNIE ZELDA	COTITA	RTZ		2	DATE OF DEATH MONTH		year 92 3. TIME OF DEAT 6:23
4. SOCIAL SECURITY NUMBER 165-01-5860	1 □ M 2 🖔 F		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. 7 HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 5 / 3 /	07	B. BIRTHPLACE (State or For Country) RUSSIA
99. FACILITY NAME (If not institution, give GREATER BALTIMOF			TOWSON	LOCATION OF DEAT	1		TIMORE
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD	Υ		TOWN OR LOCATION	ON			10d. INSIDE CITY
10e. STREET AND NUMBER	DBBLESTONE C		104	ZIP CODE	21015	10g. CITIZI	1 A YES 2 I
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	S 2X NO	13. WAS DECE If yea, spec 1 PES 2	NDENT OF HISPANIC Iffy Cuben, Mexican, F	21215 ORIGIN? (Specify Yer Tuerlo Rican, etc.)		14. RACE — American India Black, White, atc. Specify: WHIT
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	ille. Do NOT use i	k done during most	of working	16b. KIND OF BU	SINESS/INDU	
17. FATHER'S NAME (First, Middle, Last) ISRAEL DOBRE	S			18. MOTHER'S NAME N		Sumeme)	SON
99. INFORMANT'S NAME (Type/Print) MORTON SCHWARTZ			DDRESS (Street and	Number or Rural Rout			
toa. METHOD OF DISPOSITION	ioval from State	BOBROISKE	DISPOSITION (Nam	e of	DATE 20c. LO	CATION — CI	fy or Town, State EDALE, MD
BIGHATURE OF FUNERAL SERVICE LA	w Lew		SOL LE	ADDRESS OF FACILITY OF FACILIT	BROS., 1		
MMEDIATE CAUSE (Final disease or condition reculting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Per DUE TO (OR AS	itonitis s a consequence of: on obstr s a consequence of: s a consequence of:		1			Interval Be Onset and
PART II. Other significant condition	is contributing to deeth	but not resulting in	the underlying (ceuse given in Par	t I. 24a. WAS AN PERFOR 1 DYES 2	MED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION DF CA DF DEATH? 1 W YES 2 N
			28. PLA	E OF DEATH (Check	only one)		
EXAMINER?	HOSPITAL:	0	THER:				
EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Or 28e. DATE OF INJUR (Month, Day, Year	ripatient 3 DOA 4	THER: Nursing Home F 28c. INJURY WORK	.7	Other (Specify)	NJURY OCCU	RED
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH	1 Inpatient 2 ER/O	y 28b. TIME 0 INJUR	THER: Nursing Home 28c. INJUR WORK 1 YES	Y AT 28			
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 9e. CERTIFIER (Check only) 1 CERTIFYING PHYSI	28e. DATE OF INJUR 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJU building, atc. (S)	At home, ferm, atre- ocify) At home, ferm, atre- ocify)	THER: Nursing Home F Y WORK M 1 YE: el, fectory, office	Y AT 28 2 NO 28 28 dd place, end due to ti	d. DESCRIBE HOW II LOCATION (Street e City or Town, State)	and Number or	Rural Route Number,
1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 9e. CERTIFIER (Check only 1 CERTIFYING PHYSI	28e. DATE OF INJUR 28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJU building, etc. (S) CIAN: To the best of my known of the basis of examinat	At home, ferm, atre- ocify) At home, ferm, atre- ocify)	THER: Nursing Home F F WORK M 1 VE: el, fectory, office at the time, date er an my optnion, dear	Y AT 28 2 NO 28 28 dd place, end due to ti	d. DESCRIBE HOW II LOCATION (Street & City or Town, State) re cause(e) and men , date end place, and	and Number or oner se stated d due to the o	Rural Route Number,

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	The FIGHTR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burkal-transit permit. Pages 1, 2, 3 should	
QIVISION OF VITAL RECORDS, P.O. BOX 68760,	👺 of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ALL DRICTOR: After this certificate has been signed by the attending physician and completely filled in by the function of the state best, of Health and Mental Hydiene prior to hurtal comparison or removal	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	HEALTH AND	MENTAI	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) ESTHER	SCHNEID				2. DATE MONTH	OF DEATH		3. TIME OF DEATH	H
	3073	5. SEX 6. AGE ('in yrs. last birthday)	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)	8.	BIRTHPLACE (State or For Country) MARYLAND	velgn
TOR	98. FACILITY NAME (If not institution, give str	SPITAL	9		TIMORE	DEATH		9c. COUNTY	Y OF DEATH	
DIRECTOR	MARYLAND 10b. COUNTY	BALTIMORE	10c. CITY, 1	OWN OR LOCAT	TION LTIMORE				10d, INSIDE CITY LIMITS? 1 YES 2	
VERAL	1 GRISTMILL CT.	(ANI	NEN WOODS		ZIP CODE	208			N OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, sp	ENDENT OF HISP/ ecity Cuban, Maxic 2 X NO Spec	can, Puarto F	? (Specify Yea lican, atc.)	or No— 14	Black, White, etc. Specify: WHITE	
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during ma tired.)	st of working	.16b.		SINESS/INDUS	TRY	
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		JOH	JSEWIFE				HOME		
	BENJAMIN ZERD	TNI			18. MOTHER'S N			SBURG		
BE	19a. INFORMANT'S NAME (Type/Print)	TIA	19b. MAILING AD	DRESS (Street a	and Number or Aura	IDA				_
5	MRS. BARBARA LEVI	N		RALSTON			EMORE,		21208	
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	206	PLACE AND DATE OF DE elery cremetory or other BNAI ISRAE	ISPOSITION (Na		DATE		CATION - City	y or Town, Stata	-
	21. SIGNATURE OF FUNERAL SERVICE NICE		JIMI IDIMI	22. NAME AN	LEVINSON REISTER	ACILITY BE		INC.		5
CERTIFICATION	23. PART Errer the diseases, or construction of the state	CHROMIC DUE TO (OR AS A HYPO DUE TO (OR AS A	OBSTRUCT CONSEQUENCE OF):						Interval Be Onset and	
BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions CONGEST ATRIAC	contributing to death by	Failure	he underlying	g cause given in	n Part I.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINAVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	ro Ause
AN	25. WAS CASE REFERRED TO MEDICAL									
SC	EV AMMERO	HOSPITAL:		THER:	ACE OF DEATH (C					
HX	27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIME O		5 G Realdenca	1		JURY OCCUR	· ED	
¥ P	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO		244.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JOHN OCCOM		
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, term, atree	t, tactory, office		281, LOCA City o	TION (Street a. r Town, State)	nd Number or F	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL OF C	AN: To the best of my knowled On the bests of exemination	edge, death occurred a	t the time, data n my opinion, de	and place, and du	e to the caus	e(s) and man	ner as stated.	nuse(a) and manner as ste	nted.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Ortama	no PG	YT	29c. LICENSE NU				GNED (Month, Day, Year)	
-		COMPLETED CAUSE OF DEA	HH (ITEM 27) (Type, Prin	RES.	SNAi	165	PITAL		-	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	1992 A	ina David	an-Alanda	e.				



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SUNATURE

DAVID ALLEN, MD.

31. DATE FILED (Month, Day, Year)

2, 3 should Pages 1, 2 burial-transit permit. ng physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOPPITAL OR ATT

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. OR ALLENDING PRINCIPLY IN IN INVITED THE LINE WEATH CHINICATE DE EXECUTEU WITHIN 24 HOURS AREL DEATH. PAGE & MAY DE RETAINED BY THE POSPITAL OF ATTENDING.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HENRY STANLEY JANUARY 3. 1992 YEAR 8:09 P 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 🕁 M 2 🗌 F 220-38-5845 YRS. 9/3/1941 BALTIMORE, MD 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1X YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1636 N. BENTLOU STREET, 21216 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 8 1 TYES 2 NO Specify. 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) HENRY STANLEY SR AGNES **BROOK** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 **AGNES** COLE 301 McMECHEN STREET APT 608 BALTIMORE, MD 21217 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 W Buriel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) DATE WESTERN STAR CEMETERY 1/8/92 CATONSVILLE, MD 21. SIGNATURE OF FUNERAL BEHVIOL LICENSEE 22. NAME AND ADDRESS OF FACILITY 0 ESTEP BROTHERS FUNERAL SER. P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217 23. PART I. Enter the dieses, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onaet and Deeth IMMEDIATE CAUSE (Finel disease or condition GI bleed reaulting in death) LIS DUE TO (OR AS A CONSEQUENCE OF lebsiella with CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 2 why 25,5 CAUSE (Disease or injury DUE TO (ON AS A CONSEQUENCE OF) that initiated events resulting in death) LAST HIVE disea Nen PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO sonalinestes COMPLETION OF CAUSE OF DEATH? 1 LES 2 NO 58€ 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Raaldenca 6 □ Other (Specify) 1 YES 2 TO 1 Deputiant 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF BEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🔲 Homicide 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

E9814

THE JHH, 600 N WOLFE ST., BALTO.MD. 21205

1 41

29d. DATE SIGNED (Month, Day, Year)

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BALLIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within . Yors after death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE ACT ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed. 2011 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGI	ENE	2 00293
)	1. OECEDENT'S NAME (First, Middle, Lest)	KA Dori		Tricka		2. DATE OF OEATH	DAY YI	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-24-8426		n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea)	30	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give str. MANOR CARE RESIDENCE OF DECEDENT	1 ow som)	509E	LOCATION OF DE	R.M.	, 9c. COUNTY	SMOKE
DIRECTOR	10e. STATE 10b. COUNTY Maryland		10c, Cl	ry, town on locat Bal	timore C	ity		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4202 Rayma	ır Avenue		10f.	ZIP CODE	21206		ced States
à ∥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Vivorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO		cify Cuban, Maxica	IIC ORIGIN? (Specify n, Puerto Rican, etc. :		RACE — American Indian, Black, White, atc. Specify: Whi + E
COMPLETED	15. DECEOENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT of fice	s usual occupation work done during most retired.) Worker	N at of working		te Mary	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Frank Trick	ĸa			NAME OF TAXABLE PARTY.	ME (First, Middle, Me phine		Sirovatka
6	19a. INFORMANT'S NAME (Typo/Print) Ethel M. Graham			a ADDRESS (Street a		altimore		21214
	20a. METHOO OF OISPOSITION 1 (X Burlet 2 Cremation 3 Remo	val from State	other place)	of Faith			LOCATION — CH	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	ID ADORESS OF FA		imore, I	Md. 21214 Harford Road
	23. PART I. Enter the diseases, or can shock, or heert fellure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARCIA	ech ilne.	OF TH			-0.02	Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE					
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	a contributing to deeth b	ut not resulting	in the underlyin	g ceuse given in	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	patient 3 DOA	QTHER:	LACE OF OEATH (Ch	eck only one) 6 Other (Specify)	
ВУ РНУ	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. T	VJURY WC	PURY AT ORK? YES 2 NO	28d. DESCRIBE H	OW INJURY OCCU	REO
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe-	(— At home, farm	, street, factory, offic	ca .	28f. LOCATION (S City or Town,		Rural Route Number,
COMPLETED	(Crisical orally	CIAN: To the best of my know R: On the basis of exemination						cause(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	BIGNED (Month, Day, Year)

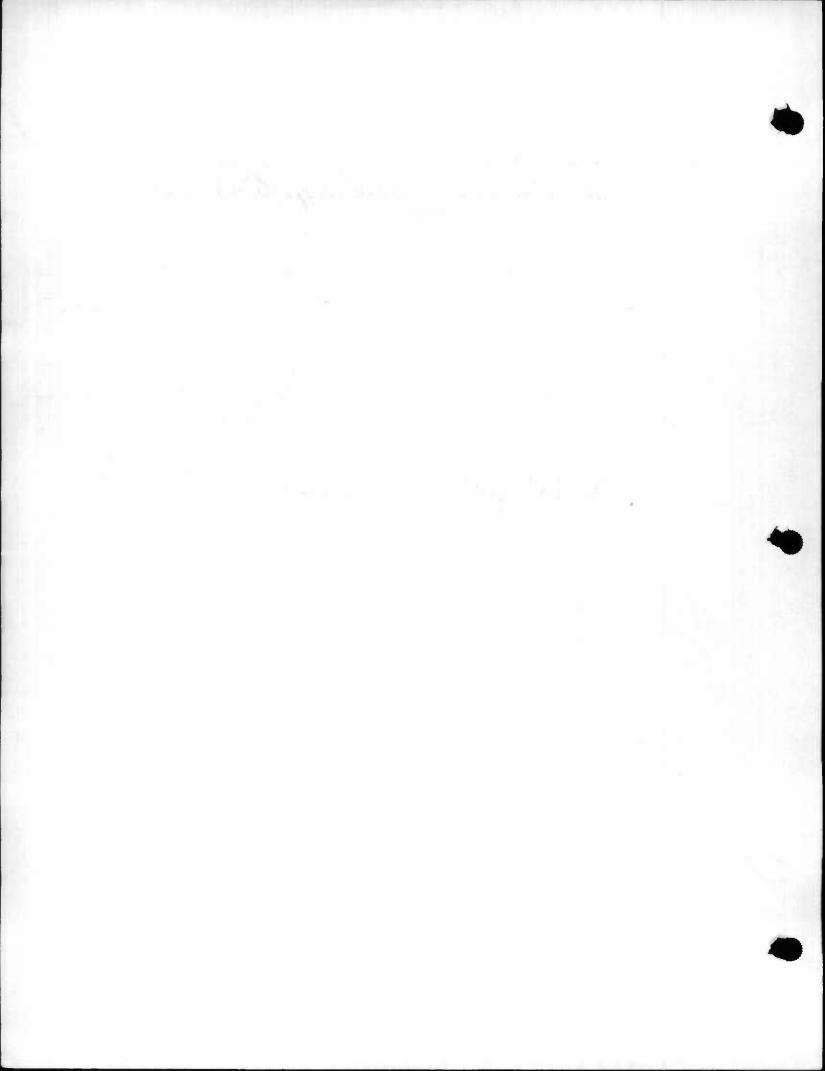
KENMOOD

31. DATE FILED (Month, Day, Year) JAN 08 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A SCATE OF CASSANEGO, MD-6304

132. PEGISTRAP'S SIGNATURE BL



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	HIGH INL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	FIGURECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		TANKE If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	within	pletely	Anny 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, 1
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1 - STATE REGISTRAR		MARYLAND / D	RTIFICAT	E OF	DEA	TH	MICHIA	REG. N			
1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH	0.0		3. TIME OF OEATH
Melvin Thomas							MON		0.5	YEAR	10.0
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	oirthday) IF UND	ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	U.S		12:0"
216-66-5839	1 M 2 F	35	YRS. MONTHS	DAYS	HOURS	MIN.	2/	th, Day, Year) 10/56		Count	LTO. M
9a. FACILITY NAME (If not institution, give	street and number)		9b. Cl	TY, TOWN	OR LOCATI	ON OF DE			7	INTY OF C	
CHURCH HOSPTT	AT. COPP.			RALT	IMO	RE C	TTV	·			
10a. STATE 10b. COUN	TY		10c. CITY, TOWN	OBLOCAT	LION						
MD				LTIN							10d. INSIDE CITY LIMITS? 1 XYES 2 1
10e. STREET AND NUMBER					ZIP COO				10g, CIT	IZEN OF Y	WHAT COUNTRY?
1312 SILVERT	HORN RO	AD			2	1239	9				SA
11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. ARME	D 13	. WAS DEC	ENDENT (F HISPAN	NIC ORIGI	N? (Specify Y	a or No-	14. RACI	E — Amarican Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V				ecify Cubi			Ricen, stc.)		Speci	k, White, atc.
15. DECEDENT'S ED	ICATION .					T SELECT					BLAC
(Specify only highest grad	College (1-4 or 5	(Give	DENT'S USUAL kind of work done NOT use retired.	durina mo	ON st of working	ng	16	b. KIND OF B	JSINESS/IN	OUSTRY	
17. FATHER'S NAME (First, Middle, Last)					18 MOT	HER'S NAI	ME (Giret	Middle, Maide	Summer		
JAMES E. THO	MAC										
19a. INFORMANT'S NAME (Type/Print)	MAS	100.0	74 H IN A A D D D D		MA.	E FI	KANC	ES J	ONES		
JAMES THOMAS			MAILING ADORE								
	-		501 P			E RI	$\overline{}$				21239
20a METHOD OF DISPOSITION 3 Rer	noval from State	20b. PLACE AND cemetery, cremat	D DATE OF DISPO	SITION (Na	me of		OA1	E 20c. L	OCATION -	City or To	wn, Stata
4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L			tory or gitter piace	1)							
	OFWEE -	GARRI	SON F	ORES	TV	ET.	CEN	1. 0	WING	S MI	LLS. MI
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	GARRI	SON F	ORES NAME AN LERO	Y O	SS OF FAC	CILITY YETT	. & S	ON F	UNEF	LLS, MI
Leroy	D. We	with	SON F	ORES NAME AN LERO	Y O	SS OF FACE DY	CILITY YETT IPV L	E & S	ON F	UNEF	ILLS, MI RAL HOME IE 21207
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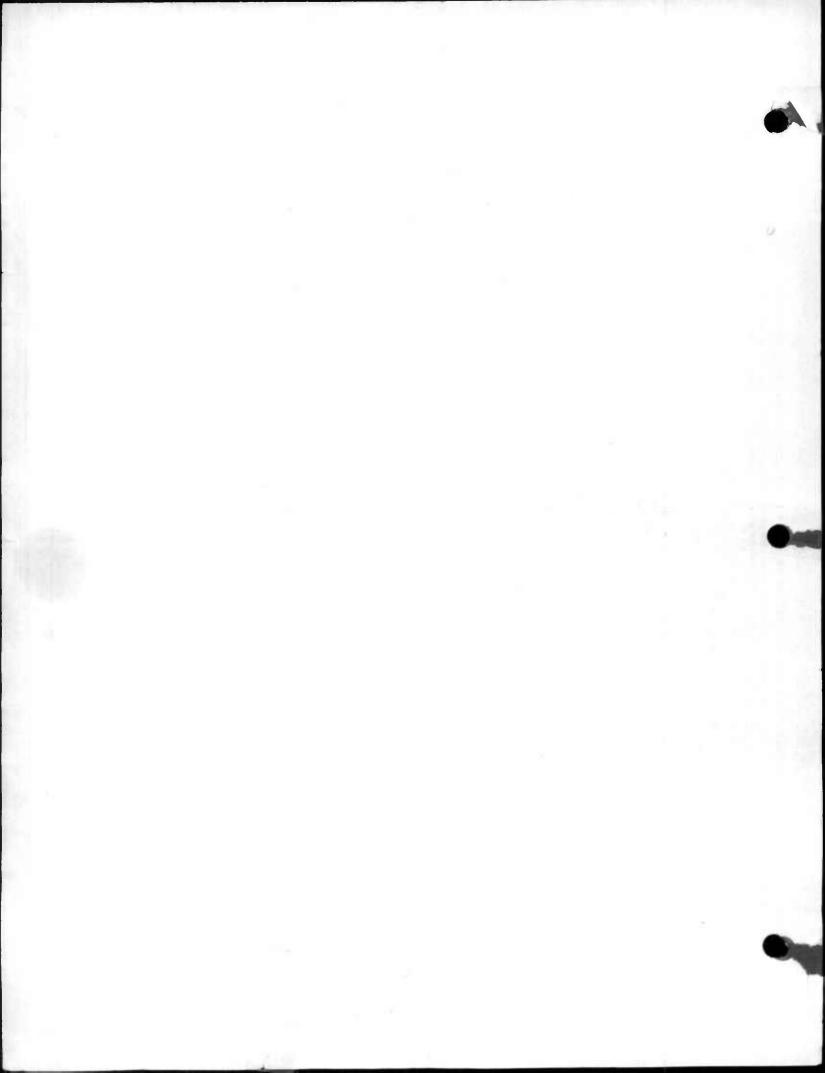
TAN 08 1992 Julia

Julia Tavidson-Randelle

DHMH-16 Rev 1/89

Broa wa

mD-100



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ID THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

**REPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	1. OECEDENT'S NAME (First,	, Middle, Last)				IOAI		257		2. DATE OF DEATH	•		3. TIME OF DEATH
	WILLIAM	Stan1	ev		TRES	9 0	1			MONTH D	AY	YEAR	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In v	rrs. last birthday)		R I YEAR	IK IMPE	R 24 HRS.	0 1 0 5 7. DATE OF BIRTH	- 13		8:36 P.M
	214-16-36	40 A	1 1 M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Coun	"
	9e. FACILITY NAME (If not in			0.5		01.07	W =====						ryland
œ									ION OF DE			NTY OF	
5	511 E 38t	h STR	EET		BALTIMORE CITY					Y			N/A
DIRECTOR	10e. STATE	10b. COUNTY			10c. Cl	TY, TOWN	OR LOCA	TION					10d INSIDE CITY
8	MD		N/A		B	alti	mor	9					10d. INSIDE CITY LIMITS? 1 X X ES 2 NO
4	10e. STREET AND NUMBER							f. ZIP COO	DE		10a CIT	TEN OF	WHAT COUNTRY?
EB	511 East	38th	Street					211	218				
FUNERAL	11. MARITAL STATUS			LEVER IN U.	S. ARMED	13.	WAS DE			HC ORIGIN? (Specify Yes			• A • E – American Indian.
H	1 Never Merried 2		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	2 NO	- 1	If yes, ap	ecify Cub	en, Mexice	n, Puerto Ricen, atc.)	Or 140	Blac	k, White, etc.
BY	3√√Widowed 4 □ Divo	rced	WW I				I _ YES	2XX	Specify	r:		Spec	White
COMPLETED	15. DECI (Specify only	CATION	. DECEDENT'S	USUAL C	CCUPATI	ON	-	16b. KINO OF BU	SINESS/INC	DUSTRY			
<u> </u>	Elementary/Secondary (0	-t2)	College (1-4 or 5+		(Give kind of tite. Do NOT L							Com	pany
AP.	12 yea	ars -		A	Asst.	Gen	. F	oren	nan	Baltim	ore	Gas	& Electric
Ö	17. FATHER'S NAME (First, Mi							18. MOT	HER'S NAI	ME (First, Middle, Maiden	Surname)		
ш	John Franc	cis T	ress							le Unkno			
B	19e. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street a	and Numbe	r or Rural R	Poute Number, City or Tow	n State Zio	Code)	
2	Daniel V.	Tres	3							Baltimore			
	20e. METHOO OF DISPOSITI	ON		20b. PL	ACE AND DATE	OFBISEOS	SITION /N:	arma of		0 A T F 200 LO	CATLON	PM T.	04.4
	1 ☐ Buriel 2 🕅 Crematio 4 ☐ Donation 5 ☐ Other	n 3 ⊔ Rame (Specify)	oval from State	Green	en Mo	une)	Cer	nete	rv	1/7 Ba1	tim	0.00	MD
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FAC	HUTY DUS	OTIN	OIE	FID
	Ash 11	11	en.			Johnson Funeral Home Baltimore					imore, MD		
-	23 PART I. Enter tha die	00	as .			85	521	Loc	h Ra	aven Blvd		2	21204
	IMMEDIATE CAUSE (Fin disease or condition resulting in death)		List only one caus	there	NSEQUENCE O	ntu	00	are	hor	neculu	1	Zu	Intervel Between Onset and Dasth
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST	diate NG ry			NSEQUENCE O								
		-											
I: MEDICAL	PART II. Other significan	nt condition	contributing to c	death but r	not resulting	in the ur	nderiyin	g ceuse	given in F	Part I, 24a. WAS AN PERFOR	MEO?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 11 YES 2 NO
₹	25. WAS CASE REFERRED TO	MEDICAL					26 DI	ACE OF D	EATH (Ch.				
잃။	EXAMINER?		HOSPITAL:			OTHER	R:			ck only one)			
PHYSICIAN:	27. MANNER OF DEATH		1 Inpetient 2		26b, TIM					Other (Specify)			
BY P	Natural 5 F	Pending Investigation	(Month, Day	r, Year)	IN.	M	1 🗆 1	PK?	200	28d. OEŞCRIBE HOW IN	JURY OCC	URED	
										281. LOCATION (Street e City or Town, State)	nd Number	or Rural F	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEOIC	FYING PHYSIC	RAN: To the best of m	y knowledge	e, death occum	ed at the ti	lme, date	and place	, end due t	to the ceuse(e) end man-	ner as state	ed.	and menner se stated
	296. SIGHATTORE AND TITLE	-	W				_		ENSE NUMI				
H	10 X	7	71 4	4			ı	42-1-2			•		(Month, Day, Yeer)
유	30 NAME AND APORESS OF	PERSON WHO	COMPLETED CAUSE	OF DEATH	(ITEM 27) (7)pm	Printi		0.0	. M . I	5.	01	-06	-1992
	FRANK	J.R	DETTI,	~	111		N S	FREE	T BA	ALTIMORE	MAR	YLA	ND 21201
	JAN 08 199		12. REGISTRAN	- Alend	100								



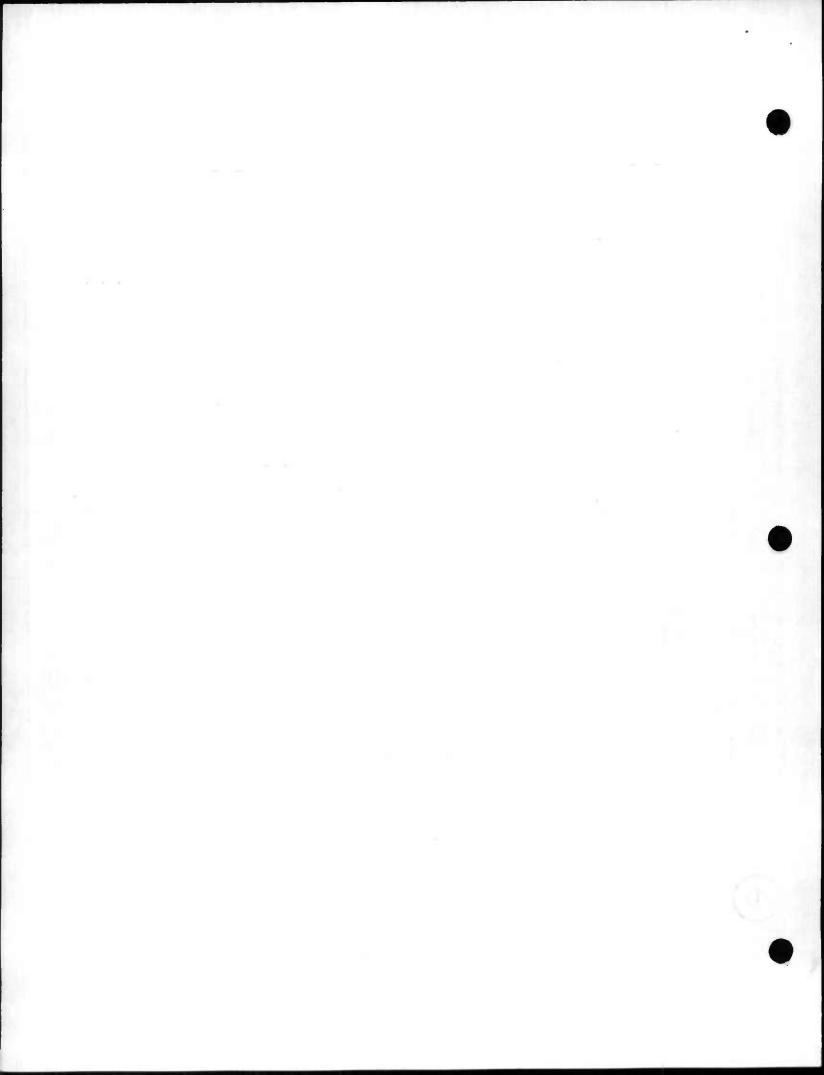
THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

OFFINATE II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. HUSPITM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

_	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / I	DEPARTME RTIFICAT	NT OF H	EALTH AI DEATH	ND MEN	ITAL HYGIEN REG. NO	-	2 00296
	1. OECEDENT'S NAME (First, Middle, Last)	UTLT					2. I	DATE OF DEATH	AY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	T 5. SEX	N HENRIE	TTA VA				01 0	7 9	2 720 AM
	214-74-0741	1 M 2 KF	8. AGE (In yrs. lest t	VRS. MONTH	DER 1 YEAR	HOURS M	III.	Month, Day, Year)	1	B. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give s	/\	92		TV 771101 0			2-14-99		MARYLAND
2	CHURCH HOSPITAL	and manage		70. 0	_	R LOCATION			9c. COUNT	Y OF DEATH
15	RESIDENCE OF DECEDENT				BAL	TIMORE	CITY	/		
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCATI	ION				10d. INSIDE CITY
1	MARYLAND BA	LTIMORE				DUND	ALK			1 YES 21 NO
FUNERAL					10f.	ZIP COOE			10g. CITIZE	N OF WNAT COUNTRY?
N.	44 SHIPWAY	T 49 HAR DECEDENT					1222			U.S.A.
	1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 VNO	ED 1	It yes, spe	cify Cuban, M	exican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No- 1	4. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Olvorced	IF YES, GIVE WA	R OR DATES		1 TYES	2 XNO S	specify:			Specify: WHITE
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION COmpleted	16a. OECE	DENT'S USUAL	OCCUPATIO	N		16b. KIND OF BUS	INESS/INDUS	
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)		kind of work dor to NOT use retired	ne during mos f.)	it of working				
MP	4TH GRADE	N/A		HOME	MAKE	R			НОМЕ	
	17. FATHER'S NAME (First, Middle, Last)				1015	16. MOTNER	S NAME (F	irst, Middle, Maiden		
BE	CHARLES KRATZ 190. INFORMANT'S NAME (Type/Print)						ANNI	E L. SM	ITH	
2	A. HOWARD VALENTI	117						Number, City or Tow		
	20a. METNOD OF DISPOSITION	Nt		719 RAN						D 21222
	1/ Buriet 2 Cremetion 3 Remi	oval trom State	cemetery crema	DATE OF DISP	al		1			y or Town, State
	21. SIGNATURE OF FYNERAL SERVICE LIC	ENSEE	MEADU	2	2. NAME ANI	D ADDRESS O	F FACILITY	92 DOR	•	
	Hagon	8/3	- X	D	UDA-R	UCK FL	INERA	L HOME (TAIVII	DALK INC. D 21222
	23. PART I. Enter the disease of cahock, of heart failure. I	aA	on each line.		ar tha mod	in of dying,	auch as	cardiac or respi	ratory arres	t, Approximata Interval Between Onest and Death
z	Samualah Harasan Hu	b. H	O My	ceusl	ial	defa	ret.	ien		
ATIO	Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSÉQUE	ENCE OF):						
ERTIFICATION	CAUSE (Disease or injury that initiated evants resulting in death) LAST		PR AS A CONSEQUE	ENCE OF):						
ᄗ		1,								
MEDICAL	PART II. Other significant conditions	n contributing to de	eath but not res	ulting in the o	undariying	cause giver	in Part I	24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă								1 TYES 2	□X₀	COMPLETION OF CAUSE OF DEATN?
										1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL									
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	200-1-15-1-0-5	ОТНЕ	ER:	CE OF DEATN				
РНҮ	27. MANNER OF DEATN	26a. OATE OF IN	JURY 2	66. TIME OF	26c. INJU	5 Resider	-	Other (Specify) OESCRIBE NOW IN	IIIDY OCCUE	050
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	M	WOR	K?		ordoning now in	JOHN OCCUP	ieu
ED B	3 Suicide 6 Could not be	26e. PLACE OF I	NJURY At home, c. (Specify)	term, street, te	ctory, office		261. 1	OCATION (Street a: City or Town, State)	nd Number or	Rural Route Number,
	4 Nomicide determined							only or lown, state)		
AP.L	29a. CERTIFIER (Check only one)	CIAN: To the best of my	y knowledge, death	occurred at the	tima, date a	nd place, and	due to the	cause(a) and man	ner as stated.	
COMPLET	2 MEDICAL EXAMINER	1: On the beals of exam	nination end/or inve	etigation, in my	opinion, des	eth occured st	the time, o	date and place, and	due to the c	ause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 m	ed. S	reció	ling	29c. LICENSE	NUMBER	56	29d. DATE S	IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES				4		, 0	- 2	11/01/72



2/23,

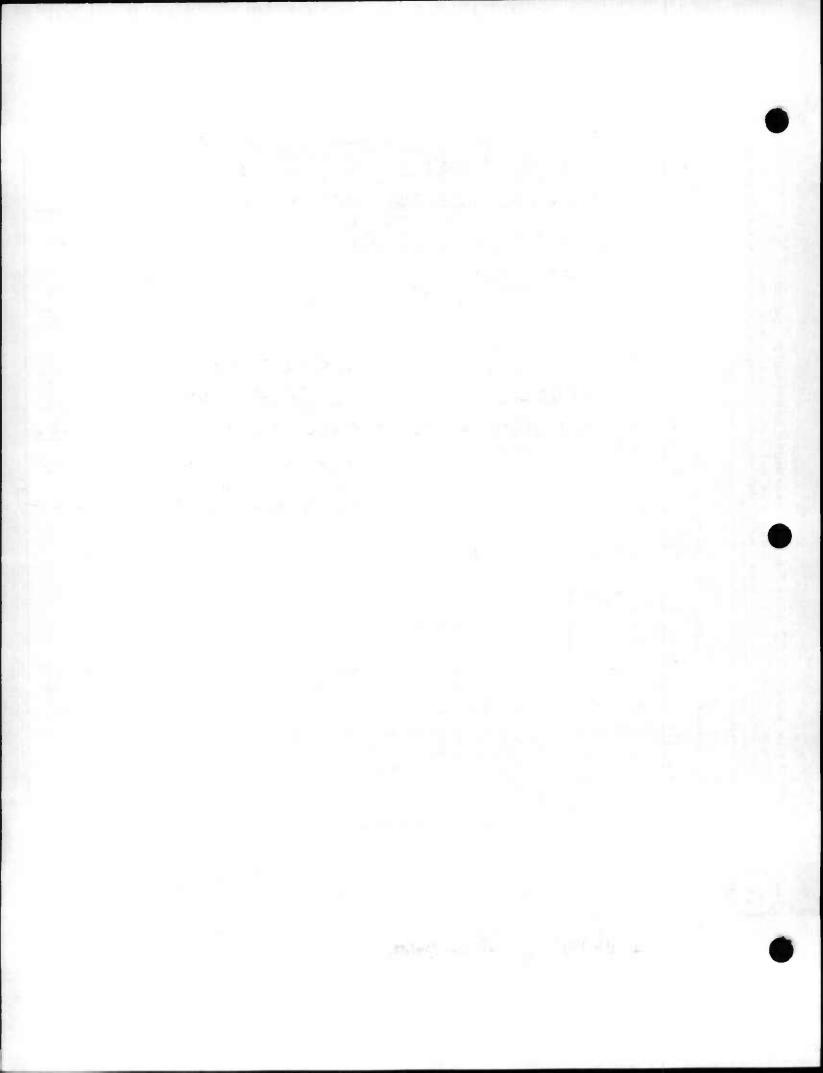


WSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.
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INNT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Roland H. Voge	1			1-7-9a	YEAR	6:00 A M
	4. SOCIAL SECURITY NUMBER 5. SE		last birthday) #	INDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	A BIDT	HPLACE (State or Foreign
	219-05-6537 18	M 2 F 8	YRS. MON		(Month, Day, Year)	Coun	try)
	9e. FACILITY NAME (If not institution, give street an	9		CITY, TOWN OR LOCATION OF D	6-22-	00	MD.
Œ	F 6 . 1/			Dace : 1	/ F	Baltim	
5	RESIDENCE OF DECEDENT	tre HOSP	ITAL	MOSSVIL.	LE	Daicin	016
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. IHSIDE CITY
ä	MD. BALT	MORE		DUNDALK			LIMITS?
	10e. STREET AHD HUMBER			10f. ZIP CODE		10g. CITIZEN OF	1 YES 2 NO
5	1915 TVI ER	RARD		217	7 7		_
FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S.	ADMED	19190	101	U.5	
	1 Hever Merried 2 Merried	ORCES? 1 TYES 2		13. WAS DECEMBENT OF HISPA If yee, specify Cubaft, Mexic	en, Puerto Ricen, etc.)	or Ho— 14. RAC Blac	E — Americen Indien, k, White, etc.
ВУ	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES		1 TES 2 TO Speci	fly:	Spec	Hy: 11'TE
B	15. DECEDENT'S EDUCATION	160.	DECEDENT'S USU	AL OCCUPATION	16b. KINO OF BUS	1 2	VHIIC
E	(Specify only highest grade complete Elementary/Secondary (0-12) Collete	fed) ege (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	fone during most of working	TOU. KING OF BUS	INESS/INDUSTRY	
교	5+4	CI	MMFRO	CIAL CREDIT	T MAINT	ANAN	ICP
COMPLETED	17. FATHER'S HAME (First, Middle, Last)		7.77.707.		AME (First, Middle, Malden :		
EC	JOHN VOGE	1-		EDM	A BRO	11/4/	
00	19e. INFORMANT'S HAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural	H ONO	w N	
2	EDWARD W FLA	SHELL	45 A	AMIPAL &	Plus Number, City or lown		WA 26111
	20e. METHOD OF DISPOSITION	- Colonia	E AUD DATE OF DE	POSITIOH/Name of	LUD, 154		ND 51999
	1 Buriel 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	om State cematery,	crematory or other p	ace)	1/8 CA	CATION — City or To	own, State
	21. SIGHATURE OF FUNERAL SERVICE LICENSEE	1716	100	22. HAME AHD ADDRESS OF F		IONSUI	He, MD.
	10 D1	00	1	CONNELLY	FUNETA	1 HOME	of andal
	COLE CO	nnelly		TILD Solle	cs Pain	T RO	AD 21222
	23. PART I. Enter the diseasea, or compile ahock, or heart failure. List or	cations that countd the	death. Do not e	nter the mode of dying, suc	ch aa cardlec or reapir	atory arrest,	Approximate
	IMMEDIATE CAUSE (Fine)	ny one cause on each II	ne.				Interval Between Onset and Death
	disease or condition resulting in death)	TWITE	5-7-161	9C ORST	RUCT. A	1	1 70 1/
	a	DUE TO (OR AS A COHS	SEQUENCE OF):	0 8 3 (15061101	V	1 917
z							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONS	EOUENCE OF):				
S	CAUSE (Disease or Injury						
E	that initiated events	OUE TO (OR AS A CONS	EOUENCE OF):				
ER	resulting in deeth) LAST						
	PART II. Other significant conditions cont	ributing to death but no	recordates to at				
EDICAL					Part 1. 24s. WAS AN A PERFORM		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
١	Chicopit 055: P	UCTIVE	Caro	DISEASE	1 TES 27	NO	COMPLETION OF CAUSE OF DEATH?
Σ	BRONCHOPNEU	MONIA				~	1 YES 2 HO
ž							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DITAL		26. PLACE OF DEATH (Ch	eck only one)		
Z.	1 VES 2 NO 1 TO IT	PITAL: patient 2 ER/Outpatient	3 DOA 4	fER: Hursing Home 5 ☐ Reeldence	6 Other (Specify)		
H	V	6e. DATE OF INJURY (Menth, Day, Year)	28b. TIME OF	28c. INJURY AT	26d. DESCRIBE HOW IN	JURY OCCURED	
Β¥	1 Natural 5 Pending 2 Accident Investigation	NA	N/A	WORK?	NA		
	3 Suicide 6 Could not be	8e. PLACE OF IHJURY — At I building, atc. (Specify)	nome, term, street,	factory, office	26t. LOCATION (Street on	d Number or Rural F	loute Number
COMPLETED	4 Homicide determined	bullating, are. (Specify)	NIA		City or Town State)		
ון ב	290. CERTIFIER	the heat of my knowledge	family assumed at a	he time, date end place, end due	111		
Š	(Check only one) 2 MEDICAL EXAMINER: On the	e basis of examination end/o	r investigation in	ne time, date end place, end due	to the cause(e) end mann	er ee stated.	
	29b. SIGNATURE AND JITLE OF CERTIFIER					due to the cause(e	and manner ee stated.
B	1 and Mile	PA	r 200	29c. LICENSE NUI	MBER	29d. OATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMP	19/1ENUIN	vo pr	3 (cripN) 12;	1001	1-7	-92
			EM 27) (Type, Print)	1/2 - 1	0.		ain He
	NOSEPA B. KLIGA		5901	HARFORIT	RD BA	2CT Mi)	41214
	JAN 08 1992	REGISTRAR'S SIGNATURE	0				
- 12			THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS				

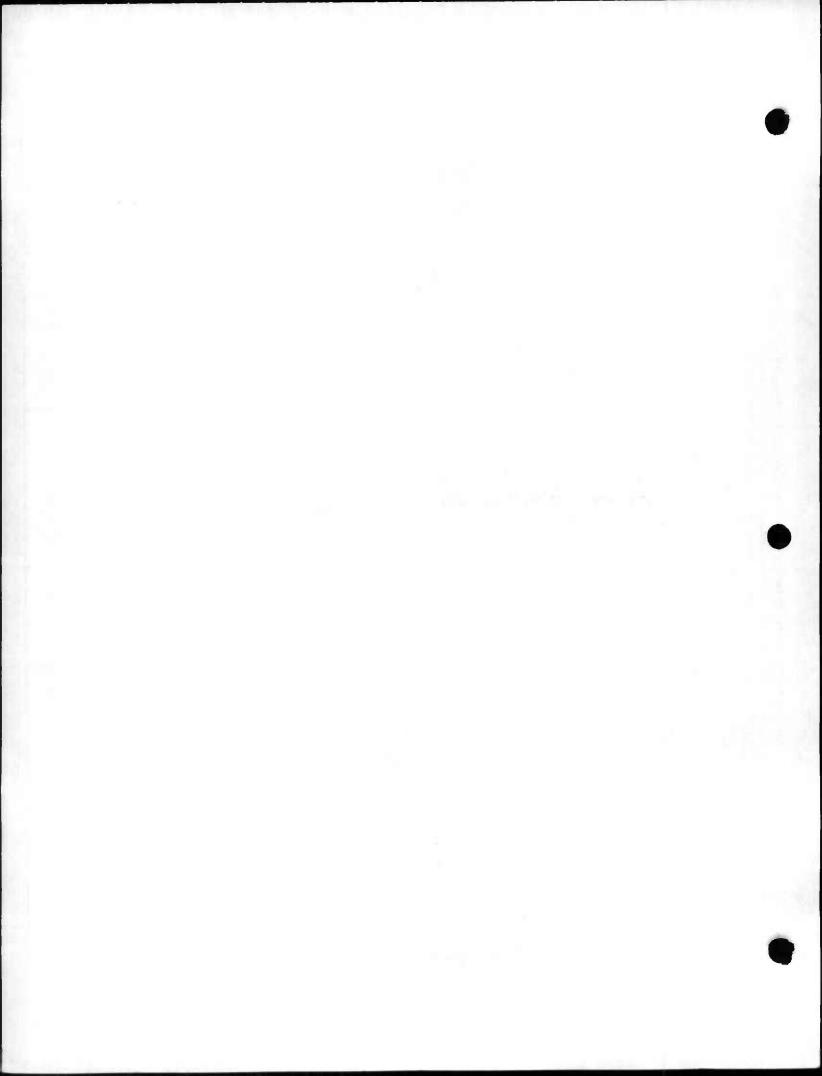


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTI	RTMENT OF I	IEALTH AND DEATH	MENTAL HYGIEN	E	2 00298
	1. OECEDENT'S NAME (First, Middle, Last) CATHERINE B			WAYS		2. DATE OF OEATH	y d	3. TIME OF DEATH
ш	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF BIRTH		
	214 22 0378	1 M 2 K F	84 YRS.	MONTHS DAVE	HOURS MIN.	(Month, Day, Year) 2/9/1907	Ι.	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF E		9c. COUNT	Maryland Y OF OEATH
9	NORTH ARUNDEL HO	SPITAL ASS	OCIATION	GLEN	BURNIE		A	.A. COUNTY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOCA	TION			
DIA	Maryland Anne	e Arundel		evern	1011			10d. INSIDE CITY LIMITS? 1 YES 2 NO
A.	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	8236 West Baltin	nore & Anna	apolis Ro	ad	21144		U.S	. A .
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	ES 2 NO	If yes, ap	ENDENT OF HISPA	NIC ORIGIN? (Specify Yas en, Puarto Rican, etc.) ffy:		I. RACE — American Indian, Black, Whita, atc. Specify: White
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16s. DECEDENT	S USUAL OCCUPATION	ON	16b. KINO OF BUS	INESS/INDUS	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT		ist of working			
MP	TO CATHERINA MANAGES AND AND AND AND AND AND AND AND AND AND		Assem	bly Line		Pretze		tory
	17. FATHER'S NAME (First, Middle, Last)	erbert Wa				AME (First, Middle, Maiden	,	
BE	19a. INFORMANT'S NAME (Type/Print)	erbert Way		IG ADDRESS (Street		nche Moody Route Number, City or Town		
2	Cathy Holland			5 W. B. 8				aryland 21144
	20a. METHOD OF DISPOSITION 1 St Burial 2 Cremetion 3 Remove	14	20b. PLACE AND DATE	OF DISPOSITION (Na	ime of			y or Town, State
	4 Donation 5 Other (Specify)		Springfi	other place) e1d Cemet	ery	1-7 Syke	esvill	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE SCOTTLE BY	ramua	She	Georg		nce Funeral Hwy. Balti	L Home	P.A.
	23. PARY I. Enter the disease of or conceptor, or heart fellure. Li iMMEDIATE CAUSE (Final disease or condition	ist only one cause o	used the death. Do on each line.	not enter the mo	de of dying, suc	ch es cardiac or reepi	ratory arres	t, Approximate Interval Between Onset and Death
NO	resulting in death) e. Sequentielly list conditions.	sea	AS A CONSEQUENCE	0F): D Ky	416	Emporet y not you	lese.	7
ERTIFICATION	if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Clin	AS A CONSEQUENCE OF AS A C	, ,	in Si	y nol you	me	
2	d.				~	1		
4: MEDICAL	PART II. Other eignificent conditions	contributing to deat	h but not resulting	in the underlying	g ceuse given in	Pert i. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HAL	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
rsic		HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:		6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU			URY AT	28d. DESCRIBE HOW IN	JURY OCCUR	RED
ВУ	Natural 5 Pending 2 Accident Investigation			M 1 7	ES 2 NO			
ED	3 Suicide 8 Could not be determined	26e. PLACE OF INJU building, atc. (URY — At home, term, Specify)	street, factory, office		28f. LOCATION (Street as City or Town, State)	nd Number or i	Rurel Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.	AN: To the best of my ki	nowledge, death occur	red at the time, data	and place, and due	to the cause(e) and ment	ner as stated.	ause(s) and manner as stated.
ш	29h. SIGNATURE AND TITLE OF CERTIFIER		9		29c. LICENSE NUI			GNED (Month, Day, Year)
0			/1	no	D14	136	▶ 1/	4 192
5	DALJIT S SAWHNEY	M.D. /160	DEATH (ITEM 27) (Typ.	Print)	W #20	1/CIEN BURN	TE M	ADVI AND 21061

DHMH-16 Rev 1/89

31. DATE FILED (Morith, Day, Year) JAN 08 1992

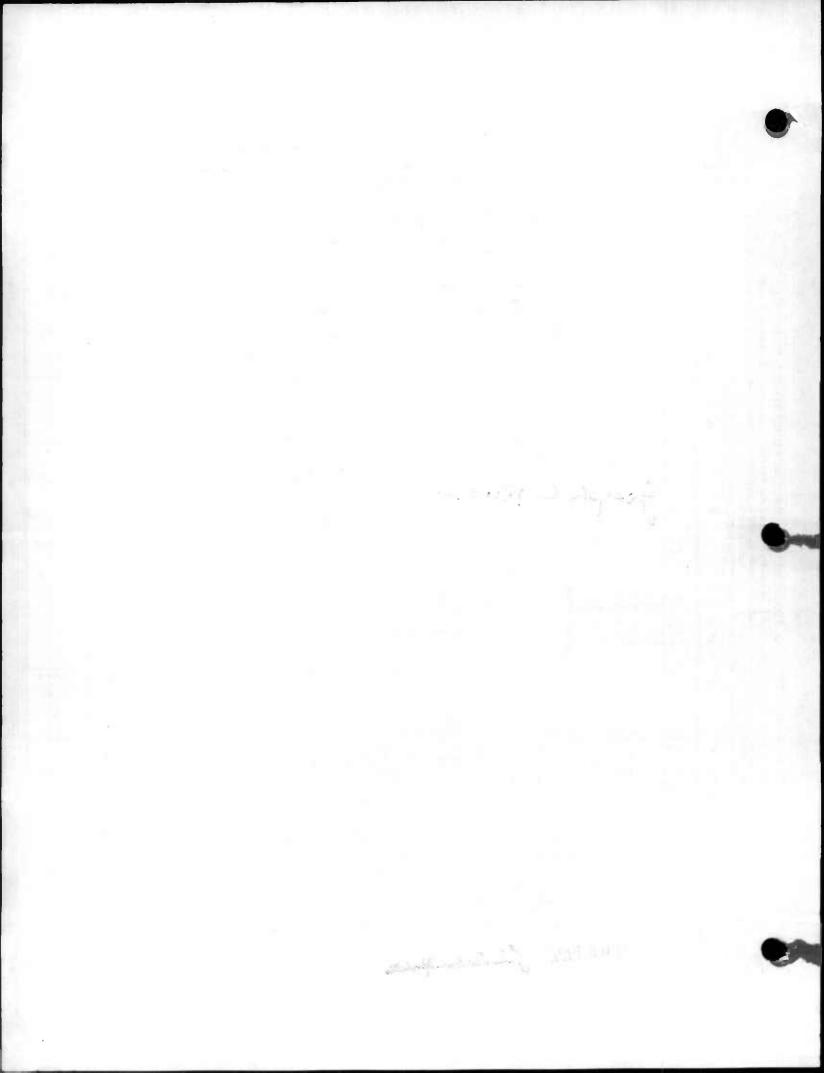


g physician.	e bunal-transit permit. Pages 1, 2, 3 should	
in death. Page 6 may be retained by the hospital or attendil	the turner director, page 5 should be detached for use as the	il examiner must be notified at once.
PHYSICIAN: The law requires that the death certificate be executed within 24 and attained by the hospital or attending physician.	2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely what in the number of months after detail the bunial-transit permit. Pages 1, 2, 3 should be detacted for use as the bunial-transit permit. Pages 1, 2, 3 should be detacted for use as the bunial-transit permit. Pages 1, 2, 3 should be detacted for use as the bunial-transit permit. Pages 1, 2, 3 should be detacted from the State Dept. of Health and Mental Hygiene prior to bunial, crematism, or announced from the prior to be detacted from the State Dept. of Health and Mental Hygiene prior to bunial, crematism, or announced from the prior to be detacted from the prior to be detacted from the prior to be detacted from the prior to be detacted from the prior to be detacted from the prior to be detacted from the prior to be detacted from the prior to be detacted from the prior to be detacted from the prior to be prior to be detacted from the prior to be detacted from the prior to be prior to be detacted from the p	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The Ian) THE FUNERAL DIRECTOR; After this certificate has filed within 72 hours after death with the State Dep	IPORTANT: If Item 28 is marked, or item 23

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT	AND MENTAL HYGIENE TH REG. NO.
1. DECEDENT'S NAME (First, Middle, Last) VINEY	WOODY	2. DATE OF DEATH DAY

	1. DECEDENT'S NAME (First	Affeldin Lant)			LITTI	ICATI	E OF	DEA	П		REG. NO			
		, middle, besty								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
10	4. SOCIAL SECURITY NUMBER			ODY						1	3	19	92	M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		S. BIRTH	IPLACE (State or Foreign
	238-36-729	9	1 M 2 XF	64	YRS.	MONTHS	DAYS	HOURS	MIN.	8	/1/192	7	N .	
	9a. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY	, TOWN C	OR LOCATI	ON OF DE	EATH	1 1/ 1/2		NTY OF D	
H	1706 Ellar	mont S	troot			D.	7 T mr	MODE	OTT					
5	RESIDENCE OF DEC	CEDENT	LLCCL				ALTI	MORE	CIT	<u>'Y</u>		<u> </u>		
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
ā	MD.					D	AT INT	MODE	CTI	K.7			- 1	LIMITS?
7	10e. STREET AND NUMBER					D		MORE		Y		1 40 017		1 XYES 2 NO
2	170C III T 71	MONTH O					1 "					10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	1706 ELLAN	MOIAT. 2							1216					USA
5	t Never Married 2 K	Merried	12. WAS DECEDEN FORCES? 1	YES 2V	NO	13.	WAS DEC	ENDENT C	OF HISPAN	VIC ORIGI	Y? (Specify Yas Rican, atc.)	or No-	14. RACE	E — American Indian, k, White, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES				2 X NO			,,		Speci	
	46 050		1											NEGRO
COMPLETED	(Specify only	EDENT'S EDU y highest grade	completed)	(Give kind of	work done	CCUPATIO	ON ast of working	ng	168	. KIND OF BUS	SINESS/INC	DUSTRY	
31	Elementary/Secondary (0)-12)	College (1-4 or 5	+) "	fe. Do NOT us	-								
M M					HOME	MAKE	R							
8	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTI-	HER'S NAI	ME (First,	Middle, Maiden	Sumame)		
BE		KIN	G						т.	nov :	KING			
	19a. INFORMANT'S NAME (7)	ype/Print)		1	9b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Num	ber, City or Town	State Zin	Code)	
5	CHARLES	TATOODY	v											
	20a. METHOD OF DISPOSIT	ION		20h BLACE	AND DATE				KEET.		TO, MD			
	1 X Burial 2 Crematio	n 3 🗆 Rem	oval from Stata	cemetery, c	rematory or o	ther place)	ITION (Na	me of		DAT		CATION —		
	21. SIGNATURE OF FUNERAL		- Cuntr	- 1	TKRO.T.					11/	8/92BA	LTO,	COUNT	Y,MD.
								D ADORES						
	* TORY	on c	- Ru	182		100	SEP	H L.	RUSS	S FU	VERAL !	HOME		
	23. PARTU Enter the di	seeses, or o	complications the	t caused the d	leath Do	of enter	the ma	WEST	NOK	IH A	VE, BA	IIIO.	MD.	
- 1	OHOUR, OF THE	boil foliate.	Liet only one ceu	se on eech lin	ю.	or cintor	the mo	de or dyr	ilg, suci	es care	nec or reepi	ratory err	est,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Fin disease or condition	iel	7	6	7 = ,		, .							Onset and Death
	resulting in death)	→	a	yo cank	en	for	the	_						her
			OUE TO	(OR AS A CONSE	EOUENCE O	F): {								
Z	Sequentielly list conditi		b											
ĔI	If any, leeding to immed	diate	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
2	Cause. Enter UNDERLY!		c											
CERTIFICATION	thet initieted events		DUE TO	(OR AS A CONSE	QUENCE OF	7):								
H	resulting in deeth) LAST		d											! !
	PART II Other significan	nt condition												
MEDICAL	PART II. Other eignifican	iii condition	s contributing to	death but not	resulting i	n the un	derlying	cause g	iven in i	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă											1 TYES 2			COMPLETION OF CAUSE
ij Į														OF DEATH?
										_				1 YES 2 NO
Z	25. WAS CASE REFERRED TO	MEDICAL					26 Dt	ACE OF DE	ATH (Cho		-1			
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHER	t:	/						
¥∥	27. MANNER OF DEATH		1 Inpatient 2 I		-	-		5 An	sidence (-				
		Pending	(Month, De		26b. TIMI	URY	28c. INJU	RK?		28d. DES	CRIBE HOW IN	JURY OCC	URED	
à	2 Accident	nveatigation				M		ES 2	NO					
<u> </u>		Could not be letermined	28e. PLACE Of building,	FINJURY - At he atc. (Specify)	ome, farm, s	treet, facto	ory, office			28f. LOC.	ATION (Street a	nd Number	or Rural Ro	oute Number,
	4 Homelee	Herarining .								,	, , ,			1
2 1	29a. CERTIFIER 1 CERTI	IFYING PHYSI	CIAN: To the beat of	my knowledge, de	eath occurre	d at the tie	me data	and place	and due t	to the cou	ea(a) and man			
COMPLETED	one) 2 MEDIO	CAL EXAMINE	R: On the basis of ex	amination and/or	Investigation	n. In my or	olnion de	oth occur	ed at the t	lima data	and place and	l dece de abe	ra.	and manner as stated.
	29b. SIGNATURE AND TITLE					.,, .,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tatti occur	ra at the t	inne, date	and place, and	dua to the	cause(a)	and manner as stated.
BE	MA ON A	OF CERTIFIER						29c. LICE				29d. DATE	SIGNEO	(Month, Day, Year)
2	(Kares 19 Als	~ 6	10					03	47	81		1	-6-	-92
	30. NAME AND ADDRESS OF	PERSON WHO												
	C- RIALIAN	25	c trule	not Pol	c 6	felt	no	l 200	LK					
	31. DATE FILED (Month, Day)	(bar)	32. REGISTRA	R'S SIGNATURE			-						_	
	JANU	8 1992	- die	Savids >	n									1
			g will	JAN HOLDEN	The same of									





BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfiled at once.

	FOR 1 - STATE	STATE OF MARY	YLAND / DEPAR	RTMENT OF	HEALTH	AND M	ENTAL HYGIEN		Ca	00300
	REGISTRAR		CERTIF	ICATE O	F DEAT	H	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	Rosalie Well	S				ŀ	MONTH DA		EAR 92	м
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	217 16 7705	1 M 2 F	- VOS	MONTHS DAY		MIN.	(Month, Day, Year)		Country	
100	217-16-7795		68				4/15/192	23		MD.
OR	98. FACILITY NAME (If not institution, give s FRANCIS SCOTT KE RESIDENCE OF DECEDENT			96. CITY, TOW	N OR LOCATIO			9c. COUNT	OF DE	EATH
DIRECTOR	10s. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LO						10d. INSIDE CITY
=	MD.				3 T 1773 6	000	· · ·			LIMITS? 1-2 YES 2 NO
	10e. STREET AND NUMBER				ATTTM 101. ZIP CODE		TTY	ton CITIZE	1.05 W	HAT COUNTRY?
2	507 ONET AND	74.77						iog. Citize	N OF W	HAI COUNTRY?
l H	507 OAKLAND					21212			JSA	
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMEO ES 2 X NO R OATES	If yes,	ECENDENT OF SPECIFIC CURRENT OF SPECIFIC CURRENT OF SPECIFIC CONTROL OF SPECIFIC CONTR	, Mexican,	ORIGIN? (Specify Year Puerto Ricen, etc.)	or No—	RACE Black Specif	— American Indian, White, atc. V: NEGRO
	15. DECEDENT'S EDU	CATION	18a. DECEOENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	INESS/INDUS	TRY	MERGRO
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	most of working	9				
1 4	Estimated y Good State (G-12)	Conede (1-4 pt 2+)	NITTO	SE'S AI	ימכו)		_	
S S	17. FATHER'S NAME (First, Middle, Last)		NOR	DE 5 AI				NG HO	Æ	
5 8	17. FATHER'S NAME (FIRST, MIDDIE, Last)				18, MOTH	ER'S NAM	E (First, Middle, Maiden	Sumame)		
BE	JOHN C	OFIELD			Т Т	FNA	TENKTNS			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street			ute Number, City or Town	n, State, Zip Co	ide)	
2	RODNEY COFIELD						BALTO, MD		2120	7
5	208 METHOO OF DISPOSITION		10b. PLACE AND DATE			MALL !				
2	1 X Buriel 2 Cremation 3 Rem		cemetery, cremetory or o	ther place)			1/8/92_	CATION — City	or Tov	vn, Stata
	4 Donation 5 Other (Specify)		GARRISON				(IBAL	TO. MI)	
	21. SIGNATURE OF FUNERAL SERVICE LIK	ENSEE			ANO ADDRES					
	- Joseph &	Trus					FUNERAL			
	Je septi			2222	W. NO	DRTH	AVE. BALT	O. MD.		21216
	23. PART i. Enter the diaeaeas, or ahock, or heart feilure.	omplications that caus	sed the daeth. Do	not anter tha r	noda of dyir	ng, auch	aa cardiac or reapi	ratory arrea	ì,	Approximeta
	IMMEDIATE CAUSE (Final	Liet Only One cause on	aach line.							Onset and Death
	disease or condition	B. 1.	104	4-						Onset and Death
	reculting in death)		1 Peritoni							day
		0	S A CONSEQUENCE O	F):						
Z	Sequentially list conditione,	Kenal	tailure							10 wears
CERTIFICATION	if eny, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE O	ŋ:						
8	cause. Enter UNDERLYING	a Amput	atron (DAKA						1 week
<u>L</u>	CAUSE (Diseese or injury that initiated events		S A CONSEQUENCE O	F):						Town.
1	reculting in death) LAST									
S		J								İ
	PART ii. Other eignificent condition	e contributing to deeth	but not resulting	in the underly	ing ceuse gi	iven in Po	ert i. 24a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Bronchocenic						PERFOR			AMAILABLE PRIOR TO
ā	BILICING	Caccacana					1 YES 2	₩ NO		COMPLETION OF CAUSE OF DEATH?
M										1 YES 2 NO
ä										27
₹	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF OE	ATH (Chec	k only one)			
	EXAMINER?	HOSPITAL:		OTHER:						
×	27. MANNER OF DEATH	1 Nopetlant 2 ER/O			ome 5 Res		Other (Specify)			
à	2-4	(Month, Day, Year,			NJURY AT VORK?	1 2	ed. DESCRIBE HOW IN	JURY OCCUP	ED	
BY	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2	NO				
	3 Suicide 8 Could not be	28s. PLACE OF INJUI	RY At home, ferm,	street, factory, of	lice	1	at. LOCATION (Street a	nd Number or	Rural Ro	oute Number.
E	4 Homicide determined	building, atc. (Sc	oucity)				City or Town, State)			The Cartesian Control of the Control
Ш	29e. CERTIFIER									
COMPLETED	(Check only CERTIFYING PHYSI	CIAN: To the best of my kno	owledge, death occurre	ed at the time, de	its and plecs,	and dua to	the cause(a) and man	ner en stated.		
S O	one) 2 MEDICAL EXAMINE	R: On the beats of exteninat	lon and/or/freetigation	h, in my opinion	death occure	d at the tir	ne, data and place, and	dua to the c	Ruse(s)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES			7		KSE NUMB				
BE	A O .	a li jui	ly sun	20	D D	178		29d, DATE S	GNED	Month, Day, Year)
0	gerry y.	1.301011	Cy C		12	170	26	1/1	142	1



Jerry

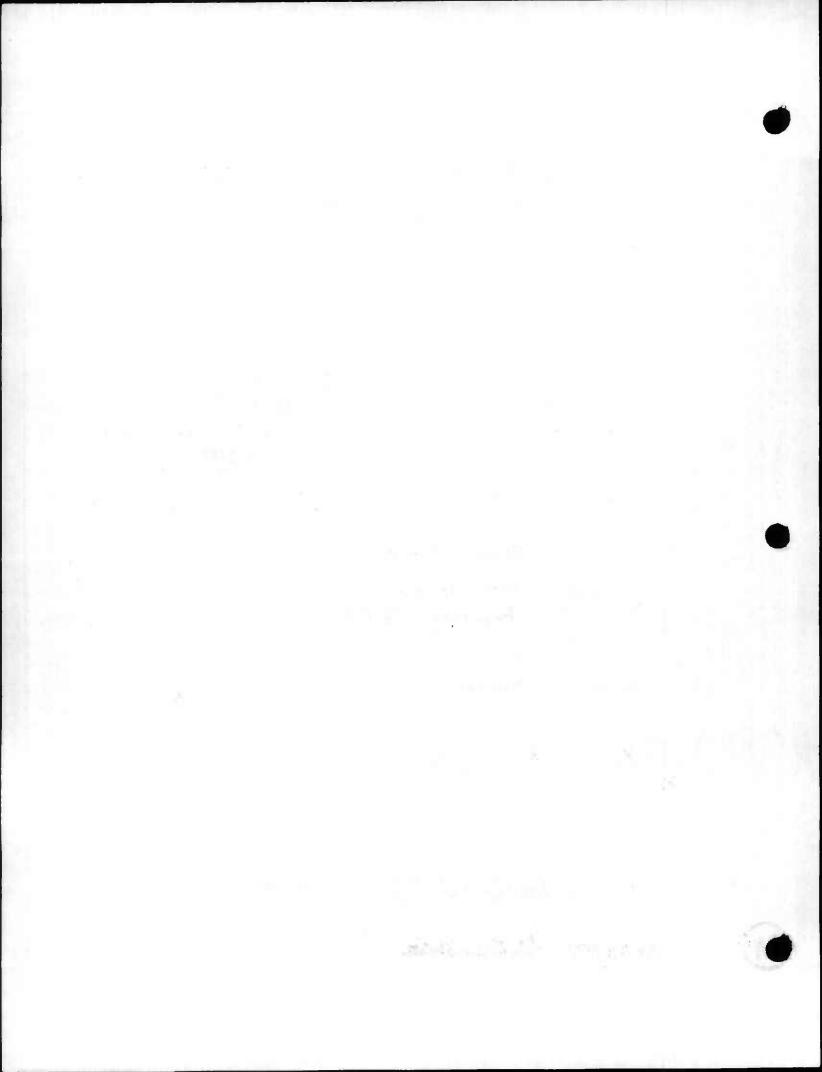
31. DATE FICED (Month, Day, Year)

JAN 08 1992

Bo

2. REGISTBAR'S SIGNATURE.

OHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

HECTOR: Ann. This cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be the first begin of Health and Mental Hygiene prior to burial, cremation, or removal. ATTENDING PROSEDURY. The law recourses that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE MEST LICENSTRING PRESIDENCE The law recourses that the death certificate be executed within 24 years after death. Page 6 may be retained by the host TO THE CARENCE After the careful director, page 5 should be detache be sted within 72 hours than death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 22 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JUISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
CERTIFICAT	E O	F DEAT	TH		REG. NO.

•	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First Middle, Last)	Wells		THEW)	WELLS	2. DATE OF MONTH	DAY	92	3. TIME OF DEATH
		1 M 2 DF 6	7 66 YRS. MON		HOURS MIN.	9/-	0/25	8. BIR Cou	MD
	1 10 114	nc		altimo	re, MO				-
5	MD 106. COUNTY			WN OR LOCAT IMORE	ION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	100. STREET AND NUMBER 1111 PARK AVENUE			10f	21201		109	U.S.	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN Holfy Cuben, Mexice 2 NO Specify	n, Puerto Rici		Ble	CE American Indian, lock, White, atc.
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementery/Secondery (0-12) 9th	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti DISABLED	AL OCCUPATIO fone during mo red.)	DN st of working	16b. Ki	ND OF BUSINES	SS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Lest) LLOYD WELLS				16. MOTHER'S NA MARY JO	HNSON	W. 5-402 1916		
2	190. INFORMANT'S NAME (Type/Print) MARY THORNTON 200. METHOD OF DISPOSITION	1000		NORRI	S ST./PH		LPHIA,		
	1 D Burlai 2 Cremetion 3 Remove 4 Donation S Other (Specify)	/al from State	other place) GARRISON FO	REST					_S, MD
	23. PART I. Enter tha diseases, or co	amplications that caused	the death Dry not a		MARCH F.				AVENUE
	ahock, or heart fallure. L IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Ist only one cause on a		Lema					Interval Between Onset and Beath
ACTURE INCHINGING	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):)isease				
	PART II. Other aignificent conditions	11 (out not resulting in the	a underlyin	g cause givan in		PERFORMED	7	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Ch				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WC	URY AT PRES 2 NO		Specify) RIBE HOW INJUI	RY OCCURED	
	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, street	t, factory, offic	•	261. LOCAT. City or	ION (Street end to Town, State)	Number or Run	nl Route Number,
	(Orlock Orly	IAN: To the beat of my know							e(e) end menner ee stated.
2	296 SIGNATURE AND TITLE OF CERTIFIER	A such			29c. LICENSE NUI	MBER	29	d. DATE SIGN	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	+ loc	h Caven		mc,	BaH	mere,	mo.	21218
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Widson-Randa	No.					

DHMH-16 Rev 1/89

Service of Fig.

1992

JAN 08

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. REGISTRAN'S SIGNATURE WILL DEVILORE PANDER

pino

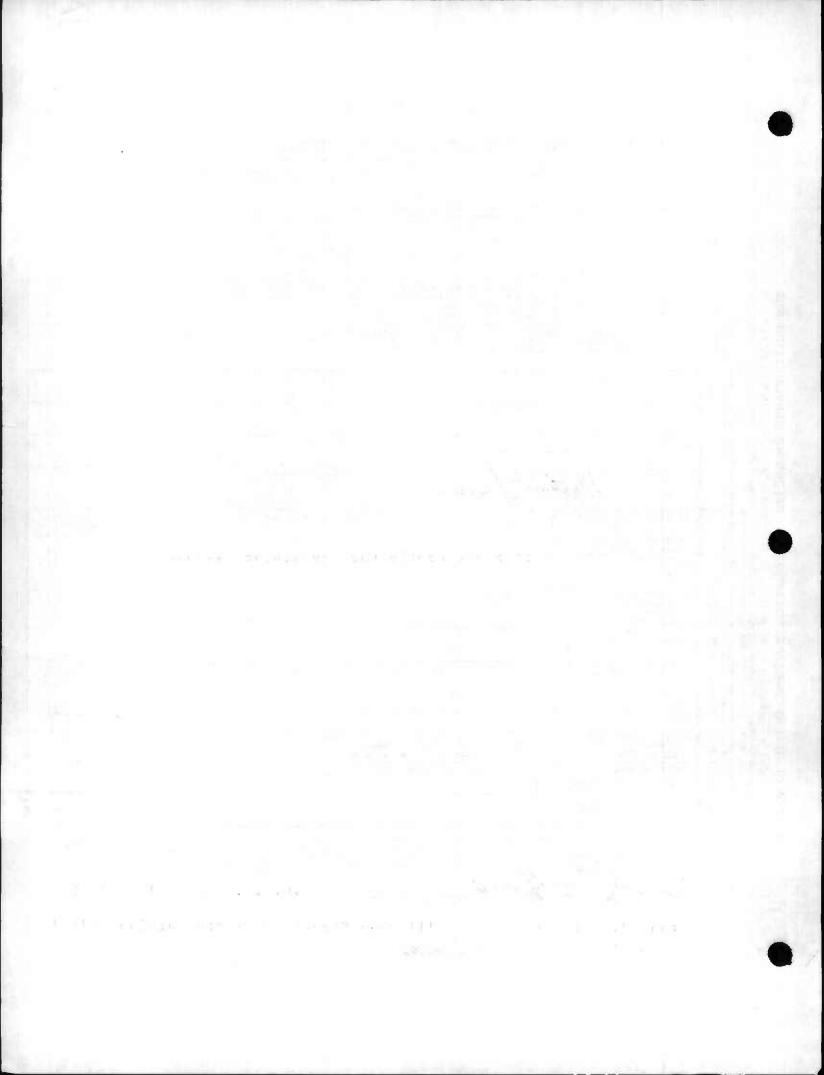
	t, Middle, Last)					OF D			2. DATE O				3. TIME O	F DEATH
Gary	Euc	gene		Wilh	elm				MONTH 01	04	19	92	7:1	2 A
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. It	ast birthday)	IF UNDER 1		IF UNDER		7. DATE O	F BIRTH Day, Year)		6. BIRTH	PLACE (Sta	te or Foreig
217-46-13	13	1 X M 2 □ F	46	YRS.	MONTHS	DAYS H	IOURS	MINI.		t. 26	1945		ryla	nd
9a. FACILITY NAME (If not i					9b. CITY,	TOWN OR I		N OF DE	ATH			INTY OF DI		
St. Jose		lospital				Tow	son				Ba	altimo	ore	
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OF	LOCATION	N						10d. INSIC	E CITY
Maryland	Ba	ltimore		Co	ckey	sville	e						1 YES	
10e. STREET AND NUMBER						10f. ZI	IP CODE					IZEN OF W	HAT COUN	TRY?
10879 Sar	idring						210					USA		
11. MARITAL STATUS 1 Never Married 2	Married		XYES 2		14	yes, specif	ify Cuber	, Mexicar	ı, Puerto Ri	(Specify Yes	or No-	Black	- Americ , White, etc.	2.
3 Widowed 4 Div	rorced	Army R	eserve		1	YES 2	₩ NO	Specify	:			Spech	»: Wh	ite
15. DE (Specify of	CEDENT'S EDU	ICATION	16a, D	DECEDENT'S	USUAL OC	CUPATION	of working	,		KIND OF BUS				
Elementary/Secondary		College (1-4 or 5	-)	(Give kind of ite. Do NOT u						ecker	-			Gro
17. FATHER'S NAME (First,	14/4-4- 10	4		PA -	ACCC					ccou	_	g Fir	m	
Clayton E	Service .	th Wilhel	m			,				h Alb				
19a. INFORMANT'S NAME		tii wiiiiei		19b. MAILING	ADDRESS	(Street and				or, City or Tow		ip Code)		
Mary K. Wi	Ihelm		200	1087	9 Sar	ndrin	ngha	m R	ld.,	Cocke	evsv	ille,	Md.	21030
20a METHOD OF DISPOSI	TION	native from Ctot.	20b. PLAC	E AND DAT	E OF DISPO	SITION (N	lame I	0 /00	DATE	20c, LO		- City or To		
4 Donation 5 Donat	er (Specify)		Pine	Grov	e Uni	ted	Met	h. (Cem.	Ba	altim	ore,	Mary	/lanc
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE			22 M	CHAR DARK		S OF FAC						
	F (0) &	ANIVOT	1							lindof				
	Martin	D. Law	Conson		Le	emmo	n-M	litch	ell-W	iedef	eld noniu	um, l	Md.	2109
23. PART I. Enter the		complications the	t caused tha		Le 10	emmo W.	n-M Pac	itch Ionia	ell-W	, Tir	noniu		App	roximate
ahock, or immediate cause (F	haart fallure. Inal		t caused tha		Le 10	emmo W.	n-M Pac	itch Ionia	ell-W	, Tir	noniu		App	-
ahock, or	haart fallure. Inal	complications that List only one can	t caused that dise on each life	ne.	Le 10	emmo W.	n-M Pad of dyle	litch lonia ng, such	ell-Wa Rd.	ac or reap	noniu Iratory ar		App	roximate rval Betv
ahock, or immediate CAUSE (F	haart fallure. Inal	complications that List only one can	t caused tha dise on each lin	ne.	Le 10	emmo W.	n-M Pad of dyle	litch lonia ng, such	ell-Wa Rd.	ac or reap	noniu Iratory ar		App	roximate rval Betv
ahock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	haart failure.	complications that List only one can a. Arterious To	t caused that dise on each life	roti EQUENCE C	Le 10 not anter to C a:	emmo W.	n-M Pad of dyle	litch lonia ng, such	ell-Wa Rd.	ac or reap	noniu Iratory ar		App	roximate rval Betv
ahock, or immediate Cause (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY	haart failure.	complications that List only one can a. Arterious To	t caused that dise on each life oscletons (OR AS A CONS	roti EQUENCE C	Le 10 not anter to C a:	emmo W.	n-M Pad of dyle	litch lonia ng, such	ell-Wa Rd.	ac or reap	noniu Iratory ar		App	roximate rval Betv
ahock, or immediate CAUSE (Fideesse or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERU CAUSE (Disease or in that initiated events	haart fallure.	a. Arteri DUE TO DUE TO	t caused that dise on each life oscletons (OR AS A CONS	TOTI EQUENCE C	Le 10 not anter to C C a:	emmo W.	n-M Pad of dyle	litch lonia ng, such	ell-Wa Rd.	ac or reap	noniu Iratory ar		App	roximate rval Betv
ahock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in CAUSE (Disease or	haart fallure.	a. Arteri DUE TO DUE TO	t caused that ise on each life on a C 1 e (OR AS A CONS	TOTI EQUENCE C	Le 10 not anter to C C a:	emmo W.	n-M Pad of dyle	litch lonia ng, such	ell-Wa Rd.	ac or reap	noniu Iratory ar		App	roximate rval Betv
ahock, or immediate CAUSE (Fideesse or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERU CAUSE (Disease or in that initiated events	itions, ediate ying surveys structures.	a. Arteri DUE TO b DUE TO d	t caused that is on aach life on a child on a child on a child on as a cons	roti gequence of sequence of sequence of	Le 10 not anter r	emmo W. tha mode	Pad Pad of dyle	litch lonia ng, such	ell-War Rd.	, Tir lac or reap Disea	noniu	rrest,	Apş inta One	oroximate rval Betv let and D
ahock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	itions, ediate ying surveys structures.	a. Arteri DUE TO b DUE TO d	t caused that is on aach life on a child on a child on a child on as a cons	roti gequence of sequence of sequence of	Le 10 not anter r	emmo W. tha mode	Pad Pad of dyle	litch lonia ng, such	ell-War Rd.	, Tir lac or reapl Disea	AUTOPSY	rrest,	Apj inta One	oroximate rval Betv let and D OPSY FIND FORDO ON OF CAU
ahock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	itions, ediate ying surveys structures.	a. Arteri DUE TO b DUE TO d	t caused that is on aach life on a child on a child on a child on as a cons	roti gequence of sequence of sequence of	Le 10 not anter r	emmo W. tha mode	Pad Pad of dyle	litch lonia ng, such	ell-War Rd.	, Tir lac or reap Disea	AUTOPSY	rrest,	Apj inta One	oroximate rval Betv let and D OPSY FIND FORDO ON OF CAU
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ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in daath) LA PART II, Other algnific	heart fellure.	a. Arteri DUE TO b. DUE TO c. DUE TO d	t caused that is on aach life on a child on a child on a child on as a cons	roti gequence of sequence of sequence of	C Ca:	emmo W. tha mode r dio	On-M Pac a of dyle	litch lonia ng, such scul	ell-War Rd.	24a. WAS AN PERFO	AUTOPSY	rrest,	Apj inta One	Proximate rval Betweet and D
ahock, or immediate and immedi	heart fellure.	a. Arterious Tour Tour Tour Tour Tour Tour Tour Tour	t caused that is on aschillation of the constant of the consta	TOTI EQUENCE C SEQUENCE C TOTI TOTI TOTI TOTI TOTI TOTI TOTI TOT	C Ca:	emmo W. tha mode r d i o derlying o	CE OF DO	itch lonia ng, such s c u l	Part I.	24a. WAS AND PERFORM 1X YES 2	AUTOPSY	246	Apj inta One	Proximate rval Betweet and D
ahock, or immediate and immedi	heart fellure.	a. Arterious Tob. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	t caused that ise on each life	TOTI FEQUENCE C FEOUENCE C TOTI FEOUENCE C TOTI	C Ca:	emmo W. tha mode r d i o	Pace of dyline o	itch lonia ng, such s c u l	Part I.	24a. WAS AMPERFO	AUTOPSY	246	Apj inta One	Proximate rval Betweet and D

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TO BE COMPLETED

1992



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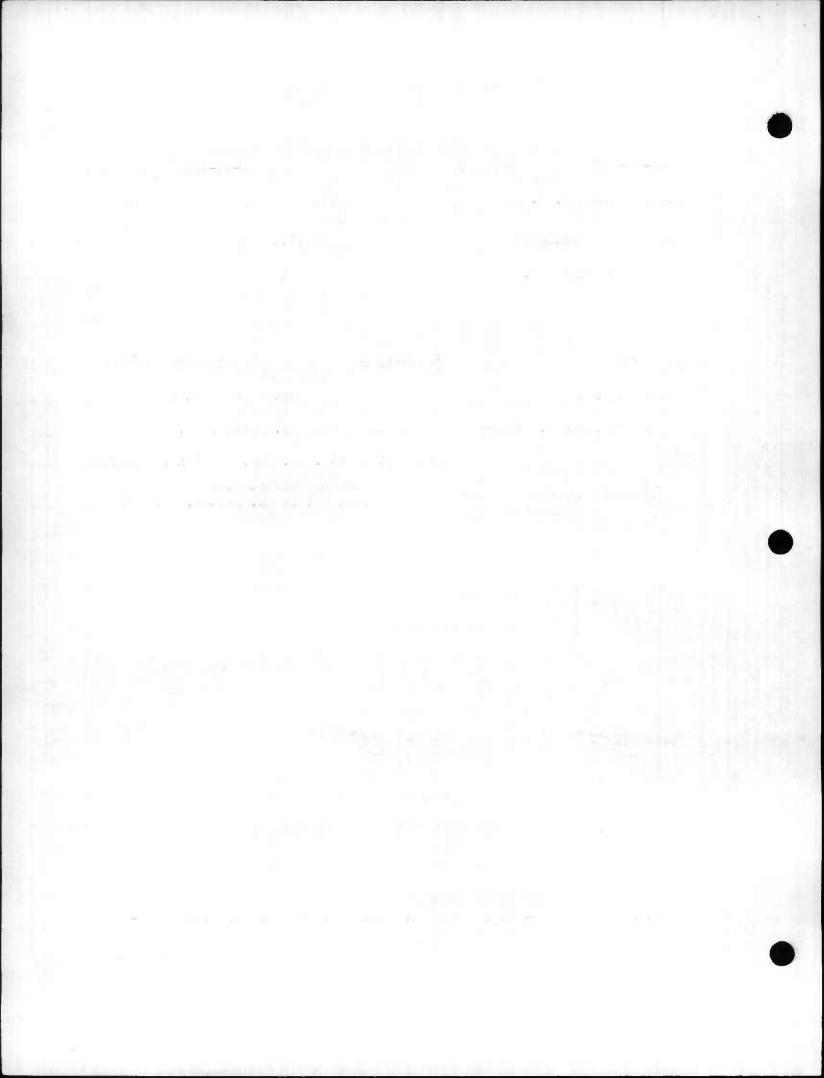
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flowing a flow of the netained by the hispitate that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

	ist)							2. DATE O MONTH	F DEATH D	W	YEAR	3. TIME OF DEATH
Carrie M. We	olf s. sex	8. AGE (In yrs. las.	6 64 at -1 - 3 T	IF UNDER	4 4545	1		7. DATE Ó	7/97			8 - 45 a
212-18-9456	1 M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)	0.7	Countr	y)
9e. FACILITY NAME (If not institution, gr	- 1	88	1110.	Oh CITY	TOWN (OR LOCAT	ON OF D		11-19		Ma:	ryland
				90. GIT			ON OF D	CAIN				
Dulaney Towson	N. H.				Tow	son					Balt	imore
10a. STATE 10b. COL	INTY		10c. CITY	y, TOWN C	R LOCAT	TION						10d. INSIDE CITY LIMITS?
Maryland Ba	ltimore					Park	vill	е				1 YES 2 NO
10s. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?
3305 Willough	by Rd.						212	34			USA	
11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIGIN? in, Puerto Ric	(Specify Yes	or No-	14, RACI	E American Indian, k, White, atc.
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES				2 NO			sari, wite.)		Speci	My:
										Constant United		White
15. DECEDENT'S (Specify only highest g		16a. DE	CEDENT'S ive kind of w Do NOT us	vork done	CCUPATION during mo	ON ost of work	ng	16b. I	UND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	*)										
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								ME (First, Mi				
John Clayton		1 441	MARIA	ADDRESS	D /O+			ha Ma Route Numbe			n Corta	
	o To Minn											
Mrs. Geraldin	e E. Mille	20b. PLACE						Balt		CATION -	21220	
Burial 2 ☐ Cremetion 3 ☐ 1	Removal from State	other pla	ace)									
☐ Donation 6 ☐ Other (Specify) _	LICENSEE	F'O.	rk Un			Th.		Cem.	H	CIRK.	Mar	yland
Jassel 3		71						ral H	ome			
Xessell :	feeren	Home						Rd. B		ЬМ	2	1236
disease or condition resulting in death)	e	O (OR AS A CONSE	CUN OUENCE OF		in	š					(Onset and Dec
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigat 2 Accident 3 Suicide e Could not detarmine 29a. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERT	DUE TO c. DUE TO d. HOSPITAL: 1 Inpetiant 2 28a. DATE 0 (Month), to 1 be 26b. PLACE building d HYSICIAN: To the basic of TIFIER WHO COMPLETED CAI dams - 740	O (OR AS A CONSECTION OF CONSE	DUENCE OF DUENCE	F): F): In the us OTHE A S-Null E OF JURY M street, fac a, Print)	26. P Paring Hon 26c. IN. W 1 U tory, offici	1 ACE OF INDEX AT DARKY YES 2 DOE of and place death occur.	DEATH (CA	beck only one 6 Other 26d. DESC 26f. LOCA City of	PERFOI 1 YES: (Specify) CRIBE HOW TION (Street Town, State e(e) and ma	INJURY Of end Number of the state of the sta	or or Rural sted. the cause(Route Number, e) end manner as stated (Month, Day, Year)





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UNE	ANT
# 3	PONTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal

	1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ OEPAR	RTMENT	OF I	IEALTH DEA	AND Th	MEN1	TAL HYGIEN		92	00304
	1. DECEDENT'S NAME (First, Middle, Last)	AUGUST	ZADERA	1 70					JAN	TE OF OEATH	AY C	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-03-3571	5. SEX 1/2 M 2 D F	8. AGE (In yrs.		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DA	TE OF BIRTH ONTH, Day, Year) 1-31-19	992	Countr	IPLACE (State or Foreign TO 1/1 A MID)
TOR	98. FACILITY NAME (If not institution, give st FRANCIS SCOTT KEY RESIDENCE OF DECEMENT	reet and number)		?			OR LOCATI		EATH	1-31-19	_	UNTY OF D	RYLAND
DIRECTOR	MARY LAND BA	LTIMORE		10c. CIT	Y, TOWN OF		TION LERS	ISL	AND				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8802 HINTON A	VENUE				101	. ZIP COD		219		10g. Ci		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. XXVES 2 [MR OR DATES	ARMED NO	11	yes, sp	ENDENT C	OF HISPAI	NIC ORIG	GIN? (Specify Ya to Rican, atc.)	a or No—	14. RACE	E — American Indian, k, Whita, atc.
ED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a.	DECEDENT'S	USUAL OC	CUPATIO	ON osl of workin	200	1	6b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5 or 5 or 5 or 5 or 5 or 5 or 5 or)	(Give kind of a life. Do NOT us			SI OF WORK	•		lugie's	CRA	в ног	ISF
SON	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	_	t, Middle, Maiden			100
BE	AUGUST ZADERA	, SR.								MINA LI			
2	19a. INFORMANT'S NAME (Typer/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY E. ZADERA 8802 HINTON AVENUE MILLERS ISLAND, MD 2121									21219			
	206. METHOD OF DISPOSITION 1X) Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of CEMETERY 1-9-1992 BALTIMORE, MARY LAND												
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE C	2	_	32 N	AME AN	O ADDRES	SS OF FA	ERA L	HOME JE DUN	OF D	UNDAL	
	23. PART i. Enter the diseases, or conditions. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	Luci	na.	reso	he mo	da of dyi	ing, suc	h as ca	ardiac or reap	iratory a	rrest,	Approximata interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS Hu	(OR AS A CONS	EQUENCE OF	F):		- 10						YAS YNS
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to	death but not	resulting i	n tha und	erlying	g cause g	jiven in	Part t.	24s. WAS AN PERFOI 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Oulpatient	3 DOA	OTHER:	-	ACE OF DI						
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Inpetient 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Realdence						ESCRIBE HOW I	NJURY OC	CCURED		
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE Of building,	F INJURY — At I	nome, farm, s	treel, factor				28f. LC	CATION (Street : ty or Town, State)	and Numbe	er or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC												and manner as stated
OBE C	29H SIGNATURE AND TITLE OF CERTIFIER		50.				29c, LICE						(Month, Day, Year)

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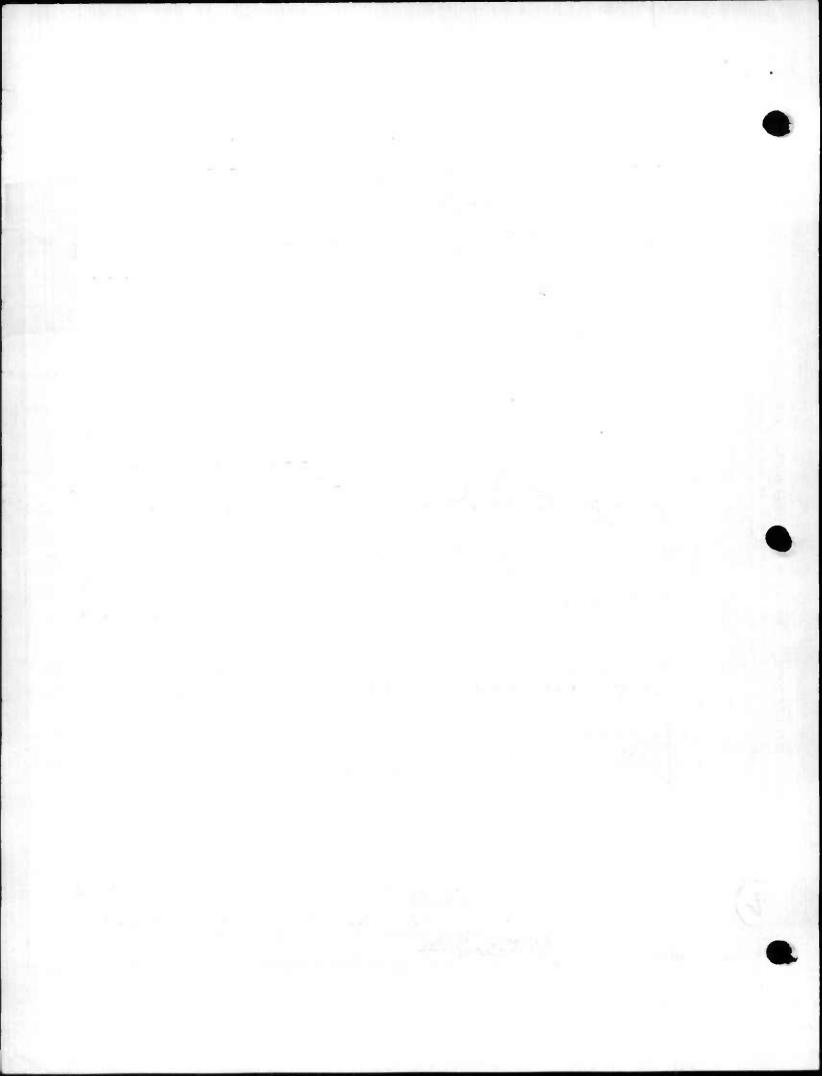
Lowis 5 31. DATE FILED (Month, Day, Year) JAN 08 1992

NO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JULIE DEUTOSON - RANDER

DHMH-16 Rev 1/89

2/224



1 - STATE REGISTRAR	STATE OF MARYLAND			F DEAT	Ή		REG. NO.			00305
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH DAY	,	YEAR	3. TIME OF DEATH
Emily Andrae							1		92	12:05 p M
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs		MONTHS DAY		24 HRS. MIN.	7. DATE OF (Month, I	Day, Year)		6. BIRTH	PLACE (State or Foreign
216-05-9919	1 □ M 2 😾 F 95	O YRS.	months ba	To HOURS	Mills.	1-2	28-96		Mar	yland
9a. FACILITY NAME (If not institution, give			9b. CITY, TOV	WN OR LOCATIO	N OF DE	ATH		9c. COUN	ITY OF DE	EATH
Fairhaven Ret	irement Home		Syke	sville	€			Ca	rrol	L1
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LO	CATION			***	-		10d. INSIDE CITY
MD Ca:	rroll	Sy	kesvi:	11e						LIMITS?
10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZ	ZEN OF W	/HAT COUNTRY?
7200 Third Av	enue			2178	84				U.S.	•
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.			DECENDENT OF	F HISPANI			or No-	14. RACE	- American Indien, White, etc.
1 Never Merried 2 Merried 3 N Widowed 4 Divorced	FORCES? 1 YES 2			, specify Cuben YES 2 📉 NO			an, etc.)		Specif	
	1					_				WILLCE
15. DECEDENT'S EDI (Specify only highest grad	le completed)	(Give kind of life. Do NOT u	WORK done during	PATION g most of working	7	16b. K	IND OF BUS	INESS/IND	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)			11.75						6
17. FATHER'S NAME (First, Middle, Last)		Hous	sewife		FR'S NAM	ME (First Mic	idia, Maiden S	Sumamol		
Harry Schlarb						Par		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number				, State, Zip	Code)	
Fairhaven Ret	irement Home	7200	Thir	d Ave	nue	Syk	esvi	lle,	MD	21784
20g. METHOD OF DISPOSITION	20b. PL/	ACE OF DISPO		of cemetery, cremi			_	ATION —		
1 N Buriel 2 □ Cremetion 3 □ Rer 4 □ Donation 5 □ Other (Specify)	moval from State	or place) Ion Par	ck Ceme	etery		1/8/9	Ba Ba	ltime	ore.	Md.
21. SIGNATURE OF TUNERAL SERVICE	ICENSEE	_	22. NAM	E AND ADDRES	S OF FAC	CILITY				
James F. Bu	rnside, Jr.	en.	l _A	litchel	1-M1	edete	off DI	me,	inc.	
23. PARCI. Enter the diseases, or	complications that caused the		not antar tha	moda of dylr	ng, such	n as cardia	c or respir	etory srr	rest,	Approximate
23. PART / Enter the diseases, or shock, or heart failure immediate CAUSE (Final	complications that caused the List only one cause on each	iine.	not antar tha	moda of dylr	ng, such	n as cardia	or respir	etory srr	rest,	Approximate Interval Between Onset and Desth
23. PART I. Enter the diseases, or shock, or heart failure	complications that cousad the List only one couse on each	line.		moda of dylr	ng, such	n as cardia	or respli	retory srr	rest,	Interval Between
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23. PART LEnter tha diseases, or shock, or heart failure immediate CAUSE (Final disease or condition reauting in deeth) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST PART II. Other significant conditions in the condition of the condit	a. PILLU M I DUE TO (OR AS A COR DUE TO (OR AS A COR DUE TO (OR AS A COR OUE TO (OR AS A COR OUE TO (OR AS A COR DUE TO (OR AS A COR OUE TO (OR AS A COR DUE TO (OR AS A COR OUE TO (OR AS A COR DUE TO (OR AS A COR DUE TO (OR AS A COR OUE TO (OR AS A COR DUE TO (OR AS A COR OUE TO (OR AS A	NSEQUENCE O	orp: In the under de Lil OTHER: AND ME OF UNDER ME O	iying cause g Continue of the continue of the	EATH (Che	Part I. 2 seck only one) 6 Other (28d. DESC	24a, WAS AN. PERFORI 1 YES 2 (Specify) RIBE HOW IN	AUTOPSY MED? NO	24b.	Interval Between Onset and Desth 4 days
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four since of may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mential Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

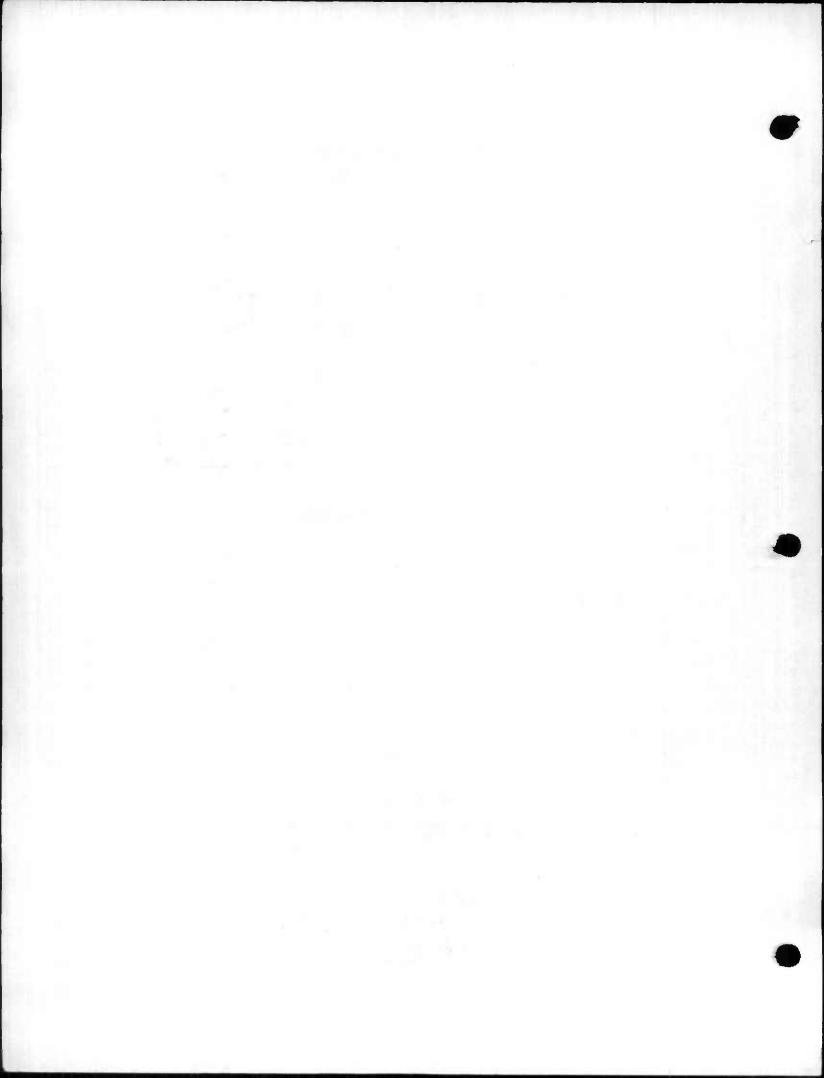
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

Richmond 9 1992

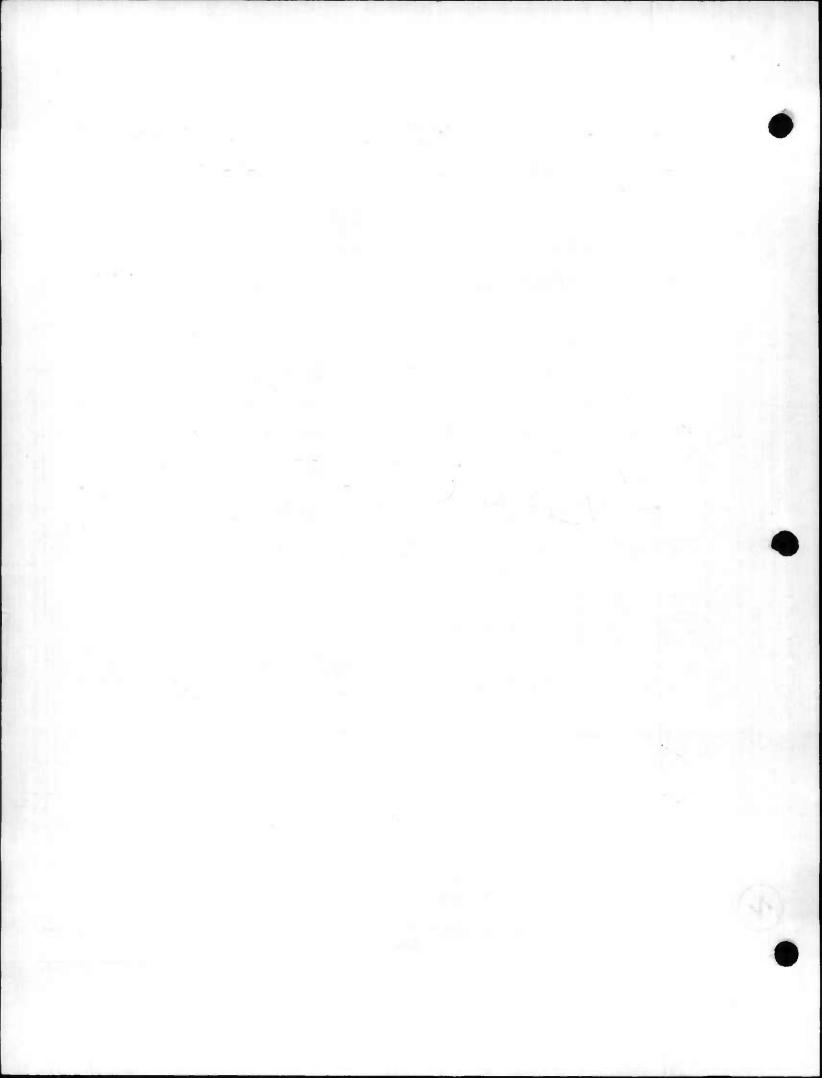
32. REGISTBAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

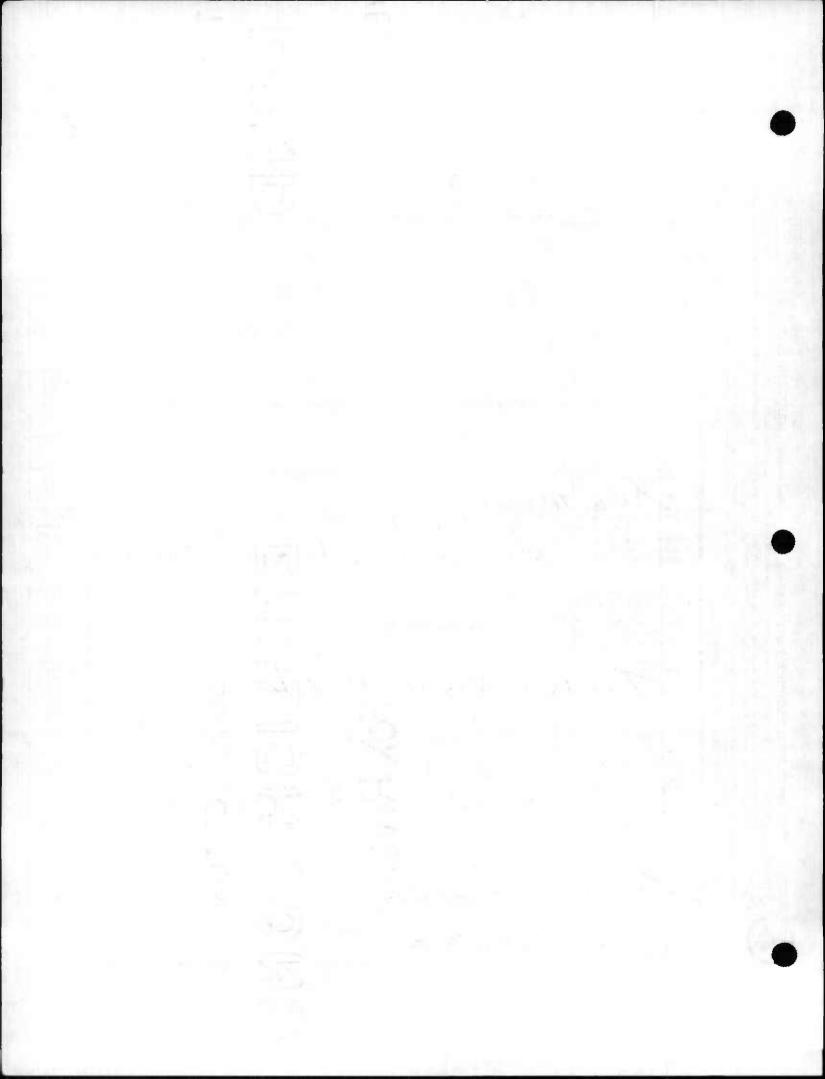
C DHYSICIAN. The law requires that the death certificate be executed within . Furs after death. Page 6 may be retained by the hispital or attending physician	er this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDING PHYSICIAN: The law	FUNERAL OIRECTOR: After this certificate has	within 72 hours after death with the State Dep	ORTANT: If Item 28 is marked, or Item 23

1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND NEATE OF DEATH	HENTAL HYGIENE REG. NO.	00305			
1. DECEDENT'S NAME (First,	MATTHEW LEE AR	RMENTROUT		2. DATE OF DEATH DAY	YEAR 1407 M			
4. SOCIAL SECURITY NUMB 220-04-7965 98. FACILITY NAME (17 not in	ER 5. SEX 6. AG	E (In yrs. lest birthdey) H	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. D. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Dey, Year) 7-10-1968 ATH 9c. COUN	6. BIRTHPLACE (State or Foreign Country) MARYLAND ITY OF DEATH			
2023 TNVFRT	ON ROAD		DUNDALK		BALTIMORE			
2023 INVERT RESIDENCE OF DEC 10a. STATE	BALTIMORE	10c. CITY, 1	DUNDALK		10d. INSIDE CITY LIMITS? 1 VES 2 NO			
10e. STREET AND NUMBER 2023 INVERT 11. MARITAL STATUS 1 X Never Married 2 1			101. ZIP CODE 2122		ZEN OF WHAT COUNTRY?			
3 Widowed 4 Divo	Merried 12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Maxicen 1 XYES 2 NO Specify:	C ORIGIN? (Specify Yea or No—				
(Specify only Elementary/Secondary (0		ille, Do NOT use n	k done during most of working etired.)	16b. KIND OF BUSINESS/IND				
		<u>SECU</u>	17 TO 18 TO	SECU AE (First, Middle, Malden Surname) DELORES LAMBE				
198. INFORMANT'S NAME OF TOM ARMENTR	(pe/Print)		ODRESS (Street and Number or Rural R		Code)			
20s. METHOD OF DISPOSIT 1 Surial 2 Crematic 4 Donation 5 Other	n 3 🗆 Removal from State (Specify) /	other place)	METERY 1-6-199 22. NAME AND ADDRESS OF FAC DUDA-RUCK FUNE 7922 WISE AVEN	RAL HOME OF DU	MARYLAND INDALK INC.			
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	+ self-	eech line.		ss cerdlec or reepiratory arr	Approximate Interval Between Onset and Peath			
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in death) LAS	diete NG ry Due TO (OR A	S A CONSEQUENCE OF):						
PART II. Other significa	nt conditions contributing to deet		the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED T EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Che					
2 Accident	7 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 7 MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be 28s. PLACE OF INJURY At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number) 21st 10 Number or Rural Route Number of Rural Route Numb							
Torroom only	TIFYING PHYSICIAN: To the best of my kn		at the time, data and place, and due	to the cause(a) and manner as stat				
J. CHYDA	a Orbnovan, A		29c. LICENSE NUN	29d. DAT	E SIGNED (Month, Day, Year) — 2 — 9 7			
J. CROSSAM	0-1	1.0. 2112	DUNDALK AVI	=, BALTU.,	MD. 21222			
31. DATE FILED (Month, Day,		dson-Randella						



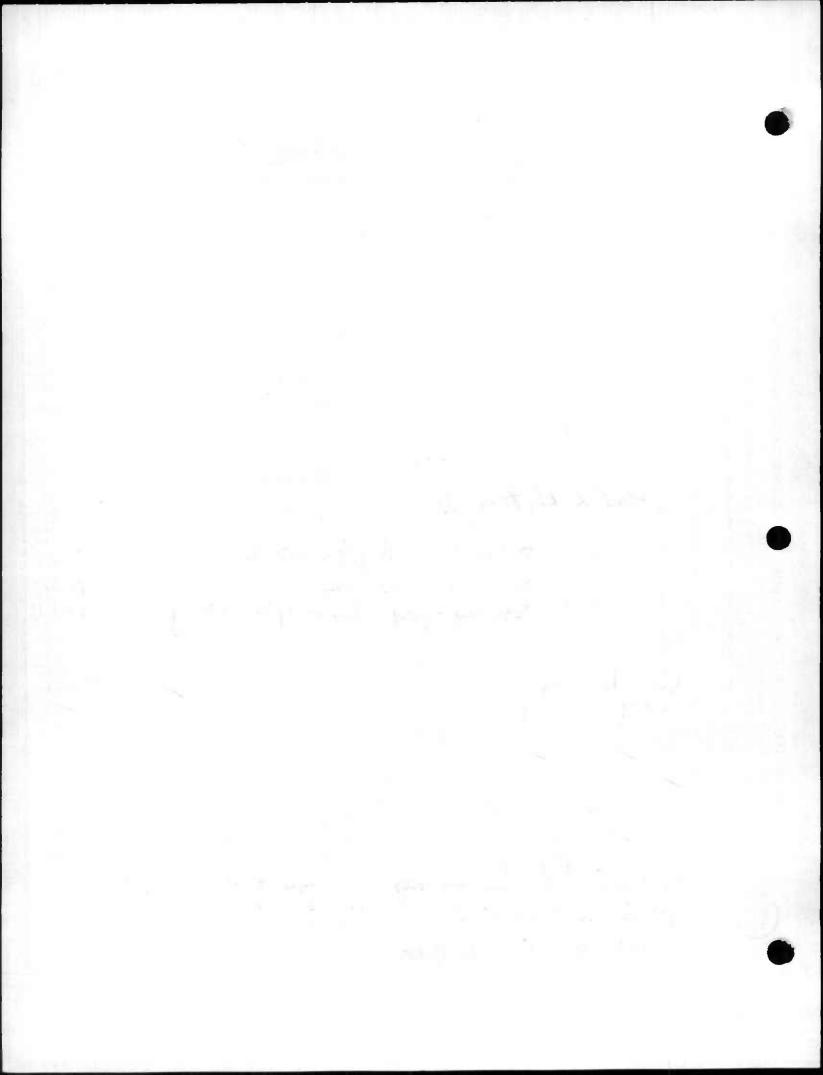
n 24 Nours after death. Page 6 may be retained by the hospital or attending physician. ly filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1	ation, or removal.	the medical examiner must be notified at once.
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MCCLEAVEN				•	2	DEATH.	2. DATE OF DEATH		3. TIME OF DEATH
TIOULLAVEN	BRYANT				1	yaut	MONTH	5 92	690
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.8	IRTHPLACE (State or Foreign ountry) Va
225-07-5353	1 💢 M 2 🗆 F	71	YRS.	MONTHS	DATS	HOURS WIN.	2-20-1920		"Va
9e. FACILITY NAME (If not institution, give						R LOCATION OF DI		9c. COUNTY	OF DEATH
Carroll County Gene	ral			Car	roll	Co, Westm	inister		
10a. STATE 10b. COUNT	тү		Reis	terst	OWN	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
40 Franklin Valle	y Circle		M		101	2113	6	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	RMED (NO		1 yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 X NO Specif	NIC ORIGIN? (Specify Yon, Puerto Rican, atc.) y:	es or No— 14.	RACE — American Indien, Bleck, White, etc. Specify: Black
15, DECEDENT'S ED (Specify only highest grad		18e. D	ECEDENT'S	USUAL O	CCUPATIO	N st of working	16b. KIND OF B	USINESS/INDUSTI	RY
Elementary/Secondary (0-12)	College (1-4 or 8+)	District Control of the	. Do NOT u	se retired.)	Juling IIIO	st or working			
12th									lectric Co
17. FATHER'S NAME (First, Middle, Last) George W. Bryant						Addie	ME (First, Middle, Meide C. Bryant	en Surneme)	
19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Number, City or To	own, State, Zip Cod	e)
William Walker		111					e Reistersto		
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rea	movel from State		E AND DAT	E OF DISP	OSITION	(Name	DATE 20c. L	OCATION — City	
4 Donation 6 Other (Specify)		GARDE	N Cremator					stminister	·, Md
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE MAN	1			Marc	n F/H West OO Wabash			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE 10 (OR AS A CONS	EOUENCE C	PF):		diola			I Rec
that initiated events resulting in death) LAST	4	A			1	1	,		
PART II. Other significant condition	Hear l	Vay f	resulting	In the ur	nderlyln	g chien given f	24a. WAS / PERF 1 U YES	AN AUTOPSY ORMED? 2 - NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
-				OTHE		ACE OF DEATH (C	heck only one)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL .			VINE		Value of the second	the second second		
EXAMINER?	HOSPITAL:		-	_		ne 5 🗌 Residence			_
EXAMINER? 1 YES 2 NO 27. MANYER OF DEATH		INJURY	28b. TII	_	28c. IN.	URY AT ORK?	8 U Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCURI	ED
EXAMINER?	1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 28e. PLACE Of Inpatient 2 Inpa	INJURY	28b. TII	ME OF JURY M	28c. IN. W	URY AT DRK? YES 2 NO		et and Number or F	
EXAMINER? 1	1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 28e. PLACE Of Inpatient 2 Inpa	INJURY ny, Year) F INJURY — At 1 etc. (Specify)	28b. Til	ME OF JURY M street, fec	28c. IN. WC 1 tory, office	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW 281. LOCATION (Street, City or Town, Sta	et and Number or Fite)	tural Route Number,
EXAMINER? 1	28a. DATE OF (Month, Do building, CSICIAN: To the last of the last	INJURY ny, Year) FINJURY — At 1 etc. (Specify)	28b. Til	ME OF JURY M street, fec	28c. IN. WC 1 tory, office	URY AT PRK? YES 2 NO	28d. DESCRIBE HOV 28f. LOCATION (Stre- City or Town, Sta e to the cause(a) and n e time, date end place,	et and Number or F ite) nanner as stated, end due to the ca	
EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 299. CERTIFIER (Check only One) 1 REDICAL EXAMINER?	28a. DATE OF (Month, Do building, CSICIAN: To the last of the last	INJURY ny, Year) FINJURY — At 1 etc. (Specify)	28b. Til	ME OF JURY M street, fec	28c. IN. WC 1 tory, office	URY AT PRK? YES 2 NO No No No No No No No No No No No No No	28d. DESCRIBE HOW 28f. LOCATION (Stre- City or Town, Sta e to the cause(a) and n e time, date end place,	et and Number or F te) nanner as stated, end due to the ca	iural Route Number,



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	1. DECEDENT'S NAME (First, Middle, Last)	MORGAN	COLLINS		OF DEATH	REG. NO. 2. DATE OF DEATN		3. TIME OF DEATH	
	MORGAN C. BOZ								
	4. SOCIAL SECURITY NUMBER 054-78-9589	5. SEX 8. AGI	E (In yrs. last birthday) YRS.		EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTNPLACE (State or For	
	9a. FACILITY NAME (If not institution, give		i ma.	9h CITY TO	WAY OR LOCATION OF D	May 4,199		lew York	
OR	THE JOHNS HOPKINS HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH BALTIMORE CIT								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	100 00	TV TOWN OR I	00171011				
DIR		Nassau Sea Cliff						10d. INSIDE CITY LIMITS? 1 X YES 2 N	
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	1 Laurel Way				11579		U.	S.A.	
	11. MARITAL STATUS 1 X Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If ye	s, specify Cuban, Mexica	IIC ORIGIN? (Specify Yes	or No — 14. R	ACE — American Indian lack, White, atc.	
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆	YES 2 X NO Specif	y:	St	White	
TED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	Work done during	PATION og most of working	16b. KIND OF BUS	INESS/INDUSTR		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Depen						
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BE C	James P.	Boz			Noree			lins	
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	n, State, Zip Code)		
	Mr. James P. Boz			me as					
	1 X Buriel 2 Cremetion 3 Rem	noval from State	b. PLACE AND DATE	other place)			CATION — City or		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Paul L. Ha	<u>Cedar G</u> artsock,Jr.		em. 1/10/9		nore,MD	New York 21214	
	> Paul I	Harton	()	100	anawd 1 D		,		
	23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do	not enter the	mode of dying, auc	JCK, Inc.	ratory arrest	Approxima	
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	Liet only one ceuse on	each line.		1		,	intarval Be Onset and	
	disease or condition reaulting in death)	. Drains	tem	dry s!	function	n		147	
		DUE TO (OR AS	A CONSEQUENCE O	F):	,			101	
o N	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE O	Fi C	2			100	
CA	ceuse. Enter UNDERLYING	· Statu	1 - post	- L	emisph	erecton	y	10	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
S		d							
AL	PART II. Other significant condition	ns contributing to desth	but not resulting	In the under	lying ceuse given in	Pert I. 24s. WAS AN A PERFOR		4b. WERE AUTOPSY FIN	
MEDICAL	maprificem	#				1 🗆 YES 2		COMPLETION OF CA	
	Cognisia	rwy				_		1 TES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH (Ch	rok oak anal			
1	1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 - Residence				
SICI							MINU AAAMAA		
PHYSICI	27. MANNER OF DEATH	(Month, Day, Year)	28b, TIN		. INJURY AT WORK?	28d. DESCRIBE HOW IN	JUNY OCCURED		
- 1	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	. IN.	M 1	WORK?	28d. DESCHIBE NOW IN	JUNY OCCURED		
ED BY	1 Netural 5 Pending		Y — At home, ferm,	M 1	WORK?	281. LOCATION (Street at City or Town, State)		il Route Number,	
ETED BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	(Month, Day, Year) 28a. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm,	M 1 street, factory,	WORK? YES 2 NO	281. LOCATION (Street & City or Town, State)	nd Number or Rure	al Route Number,	
MPLETED BY	1 Netural 5 Pending Investigation 3 Suickle 8 Could not be determined 29a. CERTIFIER Check only 1 CERTIFYING PHYS	(Month, Day, Year) 28s. PLACE OF INJUR building, stc. (Spe	Y — At home, ferm, scify)	M 1 street, factory,	WORK? YES 2 NO office	28t. LOCATION (Street as City or Town, State)	nd Number or Rurs		
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suickle 8 Could not be determined 29a. CERTIFIER Check only 1 CERTIFYING PHYS	(Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spo	Y — At home, ferm, scify)	M 1 street, factory,	WORK? YES 2 NO office dete and place, and due on, death occured at the	281. LOCATION (Street at City or Town, State)	nd Number or Rure ner as stated.	e(a) and manner ea sta	
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spo	Y — At home, ferm, scify)	M 1 street, factory,	WORK? YES 2 NO office	281. LOCATION (Street at City or Town, State)	nd Number or Rure ner as stated.		
TO BE COMPLETED BY PHYSICIAN:	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spe ICIAN: To the best of my know ER: On the best of axaminstic	Y — At home, ferm, scify)	M 1 street, fectory, ed at the time, on, in my opinic	WORK? YES 2 NO office dete and place, and due on, death occured at the	281. LOCATION (Street at City or Town, State)	nd Number or Rure ner as stated.	e(a) and manner ea stat	
BE COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE AND TILE OF CERTIFIER TILE OF CERTIFIER	(Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spe ICIAN: To the best of my know ER: On the best of axaminstic	Y — At home, ferm, city) wiedge, death occurr on and/or investigation	M 1 street, fectory, ed at the time, on, in my opinic	dete and place, and due on, death occured at the	281. LOCATION (Street at City or Town, State) to the cause(s) and mentitime, data and place, and	nd Number or Rurs ner as stated. I due to the cause 29d. DATE SIGNI	e(a) and manner ea stat	



BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	attending physi	ise as the buria		
	IN THE HOSPIAL OF ALL EMPING PRISICIAN; THE JAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
	r death. Pag	he funeral di	100	examiner
	4 hours afte	illed in by th	п, ог гетоу	e medical
A	ed within 2-	completely fi	al, crematio	event, th
	e De execut	sician and c	prior to buris	traumatic
Att and different	ath ceruncat	tending phy	al Hygiene p	or other
46 -40 - 4-	that the de	ed by the at	th and Ment	any injury,
The Part of the Part of	aw requires	s been sign	ept. of Healt	3 shows
COLDER. W	CIAN: The	ertificate ha	the State De	or item 2
Commo Commo	DING PHYSI	After this o	death with	s marked,
OC ATTENDED	OH ALIEN	DIRECTOR:	hours after	Item 28 is
TO THE LABOR.	IO THE HOSPITAL	TO THE FUNERAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If

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00309 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) JAMES (RICHARD) BROXTON 2. DATE OF DEATH 3. TIME OF DEATH 9 Z James Braxton 5:00 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 133-05-1935A 1 X M 2 | F YRS 3-11-20 MB 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1813 E. 33rd STREET 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuban, Mexican, Puerlo Rican, atc.) 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Merried
3 Widowed 4 Divorced FORCES? 1 YES IF YES, GIVE WAR OR DATES 1 TYES 2 17 NO Specify: BY Specify: **BLACK** COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 12th BAKER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) RICHARD BROXTON MARY SUE THOMPSON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MILLIE ABLE 1813 E. 33rd ST./BALTIMORE, MD 21218 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE GREENMOUNT CEMETERY BALTIMORE, MD MUNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or haart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Respiratory failure resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Extreme Obesity CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events. resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occursd at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Nonth, Day, Year)

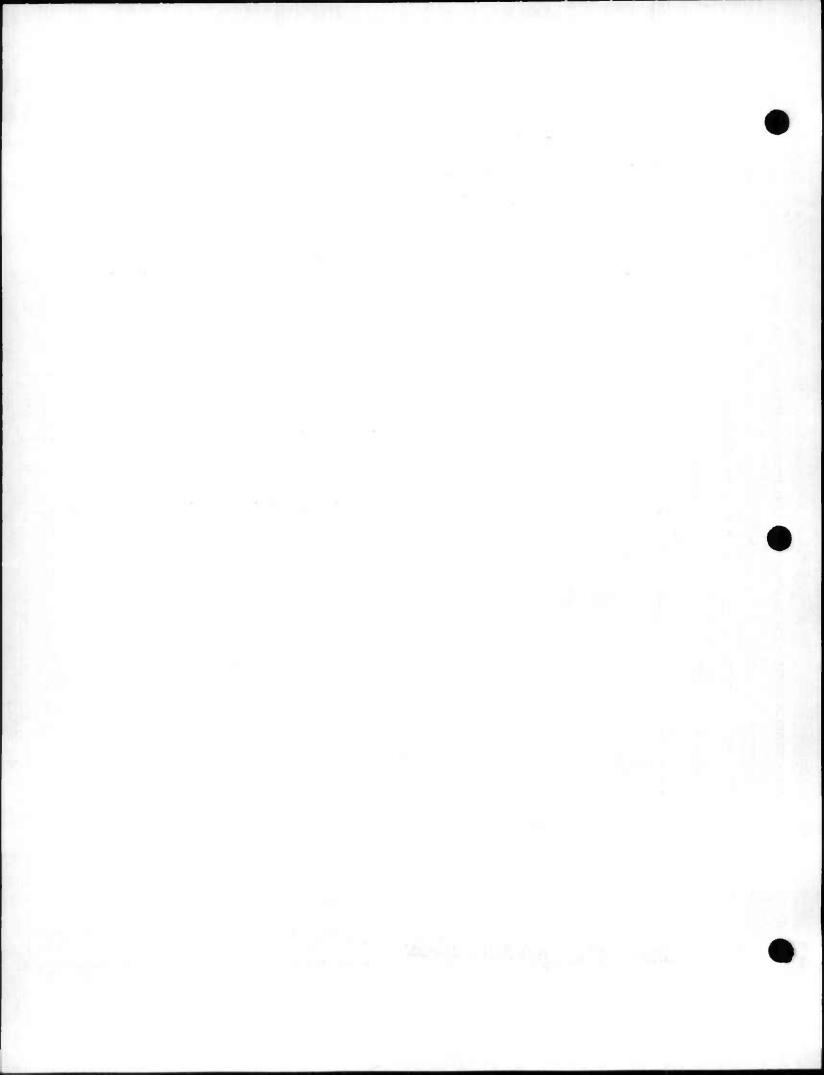
House staff

Intrommemorial 32. REGISTRAR'S SIGNATURE 31. OATE FILED (Morth, Day, Year) 9 1992 whice Devideon-Rendell

GONZAlo GONZAlez

MD

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

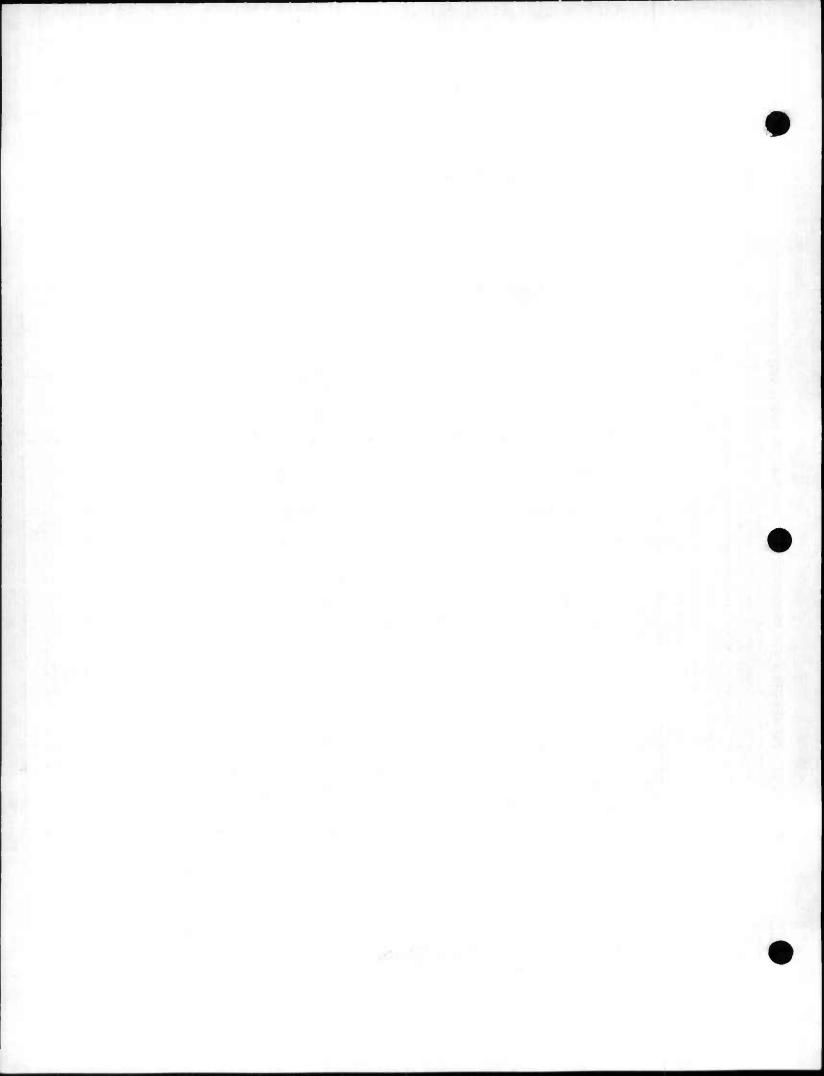


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4		1								_		
9	ANNA M. ROOTH MONTH DAY YEAR									3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthda)					YEAR	IF UNDER 24 HRS.	7. DATE O				2:00 A
	217-18-5766 1 M 2 K F 85 YRS.					DAYS	HOURS MIN.	(Month,	Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give		-05		b. CITY T	DWN O	R LOCATION OF	MAY]	4, 15			ANNE CO
								DEATH		9c, COUNTY OF DEATH		
DIRECTOR	MERIDIAN NURSING HOME				BA	LTI	MORE			BAI	LTIMO	DRE
Ä L	IOe. STATE 10b. COUN	TY		10c. CITY, 1	TOWN OR	LOCATI	ON					10d. INSIDE CITY
ā					LTIM	ORE						LIMITS?
4	10a. STREET AND NUMBER					_	ZIP CODE			10g. CITIZ		AT COUNTRY?
E I	1959 VICTORY DRIVE					1	21227			11 6	S.A.	
- 1	11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S. ARK	IED	13. W	S DECE	NDENT OF HISP	ANIC ORIGIN?	(Specify Yes		14. RACE -	- American Indian,
	Never Married 2 Married	IF YES, GIVE WA	YES 2 N	0	lt y	es, spe	cify Cuben, Mexi 2 🙀 NO Spe	can, Puarto Ric	an, atc.)		Black, Specify	White, atc.
-	B Widowed 4 Divorced						X				Specify	WHITE
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DEC	EDENT'S US	UAL OCC	UPATIO	N t of working	16b. I	IND OF BUS	SINESS/INOU	USTRY	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use n	etired.)	ing mos	t or working					
	NOT AVAILABLE			WAIT	RESS			F	ESTAL	JRANT		
COMPL	7. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N					
H L	JAMES PENTZ						BESSIE	CUMMI	NGS			
	9a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DORESS (S	Street an	d Number or Rure	I Floute Numbe	City or Town	n, State, Zip	Code)	
2 7	WILLIAM A. BOOTH						DR.,-B					
2	On. METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF	DISPOSITI			OATE	_	CATION — C		n, Stata
	XBurial 2 ☐ Cremation 3 ☐ Res	moval from Stata	MT . O			ושרש	RV	1/11		TIMOR		
2	1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1 111 0	OT ADT	-			-/	DAL	TIMOL	XE.	
	HUBBARD FUNERAL HOME INC.											
_	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
IFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
11 -	PART II. Other aignificant condition	dna contributing to d	aath but not re	suiting in t	the unde	riying	causa given i		4s. WAS AN	MEO?		VERE AUTOPSY FINDIN
<u>র</u>								_ '	YES 2	□ NO	0	F DEATH?
MEDIC												
MEDIC	5. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DEATH (C	theck only one)				
SICIAN: MEDICA	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 [THER:			, , , ,	Specify)			
PHYSICIAN: MEDICA	EXAMINER? 1		LJURY		THER: Numbre	Home	5 🗆 Residence RY AT K?	6 🗆 Other (JURY OCCI	URED	
ED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 7. MANNER OF OEATH	1 Inpatient 2 88. OATE OF IN (Month, Day,	IJURY Year)	26b. TIME O	THER: Number Number	Home Ic. INJUI WOR	5 Residence	6 Other (NBE HOW IN	NJURY OCCU		ite Number,
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D BE COMPLETED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 2 Accident 3 Suloids 4 Homicide 6 Could not be detarmined 9e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 9b. SIGMATURE AND TITLE OF CENTIFIES 3. NAME AND ADDRESS OF PERSON WILL 10 YES	1 Inpatient 2 8 28a. OATE OF IN (Month, Day, 26a. PLACE OF building, at 26a. PLACE OF the solution of the patient of the	IJURY Year) INJURY — At home c. (Specify) y knowledge, deat mination and/or in	DOA 4 26b. TIME O INJURY e, farm, street h occurred a vestigation, li	THER: Nursing W M at, factory It the time In my opin	g Home lc. INJU WOR 1 YE , offica	5 Raeidence RY AT K? ES 2 NO and place, and du th occured at th	28d. DESCI 28d. DESCI 28f. LOCAT City or us to the cause e time, data ar	ON (Street a Town, State) (s) and man d place, and	ner as stated due to the	d. Cause(s) s	and manner as stated
TO BE COMPLETED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Sulcida 6 Could not be detarmined 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	1 Inpatient 2 8 28a. OATE OF IN (Month, Day, 26a. PLACE OF building, at 26a. PLACE OF the solution of the patient of the	INJURY — At home. (Specify) by knowledge, deat mination and/or in OF OPENTH (ITEM, LLTIMORE)	DOA 4 26b. TIME O INJURY e, farm, street h occurred a vestigation, li	THER: Nursing W M at, factory It the time In my opin	g Home lc. INJU WOR 1 YE , offica	5 Raeidence RY AT K? ES 2 NO and place, and du th occured at th	28d. DESCI 28d. DESCI 28f. LOCAT City or us to the cause e time, data ar	ON (Street a Town, State) (s) and man d place, and	ner as stated due to the	d. Cause(s) s	and manner as stated

BALTIMORE, MARYLAND 21215-0020

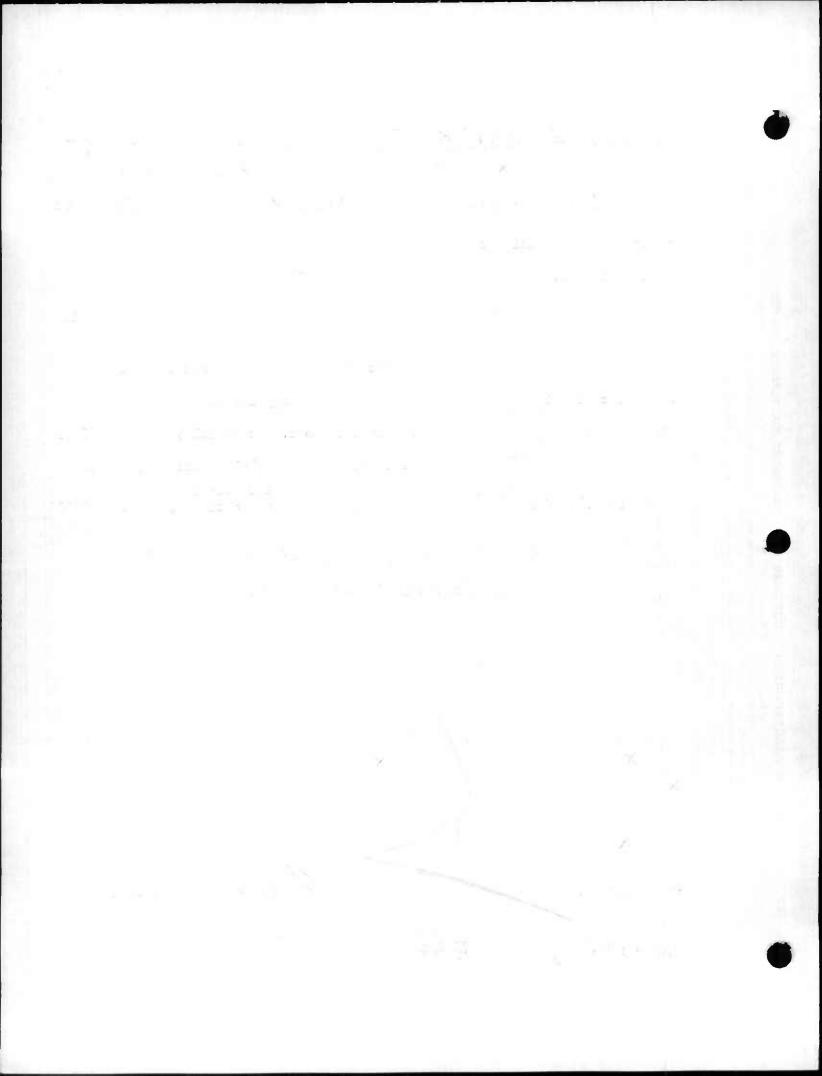
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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IONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after than. Page 8 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the hours greath, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover. S. marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after than, Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the property of them 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.	TO BE COMPLETED BY DHYSICIAN. MEDICAL CEDTICIOATION

FOR 1 - STATE REGISTRAR	STATE OF N) / DEPAI					MENTA		E	1 (_	00311
1. DECEDENT'S NAME (First, Middle, Last	NANCY EI	LIZABE'			LOF	DEA	П	2. DATI	REG. NO			3. TIME OF DEATH
NANCY E	BR	INK	, D. L.					MONT	" - B	5" <	7 × AR	4A
4. SOCIAL SECURITY NUMBER 2/3-38-5875		8. AGE (In yrs	(last birthday) YRS.	IF UNDER	DAYS	IF UNDE	MIN.	7. DATE	OF BIRTH	0.7	S. BIRTH	PLACE (State or Foreign
90. FACILITY NAME (If not institution, give		5			TOWN O			EATH			LT/	MORE
10e. STATE 10b. COUN	TY		10c. CIT	TY, TOWN	OR LOCAT	ION						10d. INSIDE CITY
Maryland	Baltimore	2		Tow								LIMITS?
10e. STREET AND NUMBER					101.	ZIP COD	E			10g CI		HAT COUNTRY?
302 Colonial Ct.						21	204				USA	THE COUNTRY!
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	ARMED	13.	WAS DEC			VIC ORIGI	N? (Specify Yes			American Indian
3 Widowed 4 Olvorced	FORCES? 1 IF YES, GIVE W	YES AND PATES	₩		If yes, spe	eify Cube	n, Mexice Specifi	n, Puerto	Ricen, etc.)	. O. NO.	Black	- American Indien, White, etc.
15. DECEOENT'S ED	UCATION le completed)	16a.	OECEDENT'S	USUAL O	CCUPATIO	N of supplie		168	b. KIND OF BUS	SINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	each		N OF WORK	·y		Balt	.o. C	ounty	r
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
John Vincent Br	rink					1	Mary	Isa	bel Do	wd		
19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow			
Mary VanHorn			207 M	elan	chto	n 战 v	e. L	uthe	rville	, Ma	rylar	nd 21093
20a, METHOD OF DISPOSITION 1 Marie 2 Cremetion 3 Rer 4 Donation 6 Other (Specify)		20b. PLAC cemetery, New	CEAND DATE	edra.	L			1-1	0 Balt	imor	e, Ma	ryland
Dennis S. Xer	Enal eakis	M00	0640	6.	NAME AN	ork	ss of FA	tche d Ba	ll-Wie	defe	ld Ho	ome and 21212
23. PART I. Enter the diseases, Dr shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ACUT	se on each I	ma. M Y	not enter	the mod	le of dy	ng, suci	h as cer	diac or respi	ratory er	rest,	Approximate interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. AR DUE TO (OR AS A CONS	PIO:	S C	LE	RC	51	5				
PART II. Other significent condition	ns contributing to	deeth but no	t resulting	in the un	dariying	causa ç	Ivan in	Part I.	24s, WAS AN PERFOR			WERE AUTOPSY FINDINGS MALLABLE PRIOR TO
									1 YES 2	□ NO	3	COMPLETION OF CAUSE OF DEATH? 1 PYES 2 NO
		/										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-/-	-/-	OTHER		ICE OF D	EATH (Che	ick only ar	rej			
1 □ YES 2 NO	1 🗆 Inpotient 2 🗆	ER/Oughettent	3/3 DOA	Num	ing Home	5 🗆 Re	eldence	6 Othe	er (Specify)			
27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28s. DATE OF 6 (Month, De	NJUHY (Mar)	286. TIME INJ	E OF URY M	TO Y	WY AT	NO	28d. DES	CRIBE HOW IN	JURY OC	CUREO	
3 Suicide & Could not be 4 Homicide determined	28e. PLACE OF building, e	nu. (Sphory)	home, ferm, s	dreet, fact	ory, office			28f. LOC City	ATION (Street a or Town, State)	nd Number	or Abrad Ab	rute Mumber
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the beat of a	ny knowledge	death Desugg	of at the ti	me, date a	and place,	and due	to the cau	me(s) and man	ner as star	led.	and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIE F D D I F NA	R			-	-	_/	NSE NUM		/			Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF M	ARYLAND / DEP CERT	PARTMENT OF	HEALTH AND F DEATH	MENTAL HYGIEN	_	92 003		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	DAVID JO	HN	BROV	۷N		3 1	992 2:01 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX 220 34 60.22 X M 2 F	6. AGE (In yrs. lest birthdo	MONTHS DAVE		7. DATE OF BIRTH (Month, Day, Year) 4/8/40		8. BIRTHPLACE (State or Foreign Country) Md.		
~	9a. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOW	OR LOCATION OF		9c. COUN	TY OF DEATH		
DIRECTOR	3409 SPINGDALE AVE. RESIDENCE OF DECEDENT 100. STATE 100. COUNTY								
	Md.	10c.	B	alto.			10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO		
FUNERAL	3409 Springdale Aven	ue		21216		10g. CITIZ	EN OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE	EVER IN U.S. ARMEO YES 2 NO NR OR DATES	If yea,	ECENOENT OF HISPA specify Cuban, Maxic ES 2 NO Spec	ANIC ORIGIN? (Specify Yesan, Puarto Rican, etc.)	s or No—	14. RACE — American Indian, Black, Whita, atc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind	T'S USUAL OCCUPA of work done during of the use retired.)	TION nost of working	16b. KIND OF BU	SINESS/INOL			
MP			Truck	Driver	Truck	ing			
8	17. FATHER'S NAME (First, Middle, Last)		200000000000000000000000000000000000000	18. MOTHER'S N	AME (First, Middle, Maiden				
H	Samuel H. Brown, Sr.			Ma	rgaret Hu	inter			
2	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow				
	Emily Brown						, Md. 21216		
	10 Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	cemetery, crematory of	TEOF DISPOSITION (or other place)		1		ity or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	I King N	Memoria	L Park AND ADDRESS OF F		Balto	., Md.		
	* maneral a m		1			Son	C		
	200 mars 6	Ston)	_ ĭ	701 Lau	rens St.	Balt	s o.,Md 21217		
	23. PART I / Enter the disease, or complications that shock, or heart feilure. List only one ceus immediate CAUSE (Final disease or condition resulting in death)	on each line. OR AS A CONSEQUENCE	tela		ch as cerdiec or respi		interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL (PART II. Other aignificent conditions contributing to c	eath but not resultin	ng in the underlyi	ng cause given in	Part I, 24a. WAS AN PERFOR	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO		
Ž.	25. WAS CASE REFERRED TO MEDICAL		26. 1	PLACE OF DEATH (C	heck only one)				
Sic	EXAMINER? † X YES 2 NO 1 Inpetient 2 I	ER/Outpatient 3 🗆 DOA	OTHER:		8 Other (Specify)				
춪	27. MANNER OF DEATH 28s. DATE OF II	NJURY 28b. 1	TIME OF 28c. IP	JURY AT	28d. DESCRIBE HOW I	NJURY OCCU	JRED		
ВУ	1 Netural 5 Pending (WORIT, Day Accident Investigation	rear)		YES 2 NO					
							r Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of money MEDICAL EXAMINER: On the best of sxe	y knowledga, death occi mination and/or investiga	urred at the time, da	a and place, and du	a to the cause(a) and mar time, data and place, an	ner as stated	f. cause(a) and manner as stated.		
	256. SIGNATORE AND TITLE OF CERTIFIER		-	29c. LICENSE NU			SIGNED (Month, Day, Year)		
H	fel tett ma			O.C.M			14/92		
۵.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (7)	PENN ST				AND 21201		
	31. OATE FILEO (MORP), Day, 1992 32. REGISTRAR	s signature							

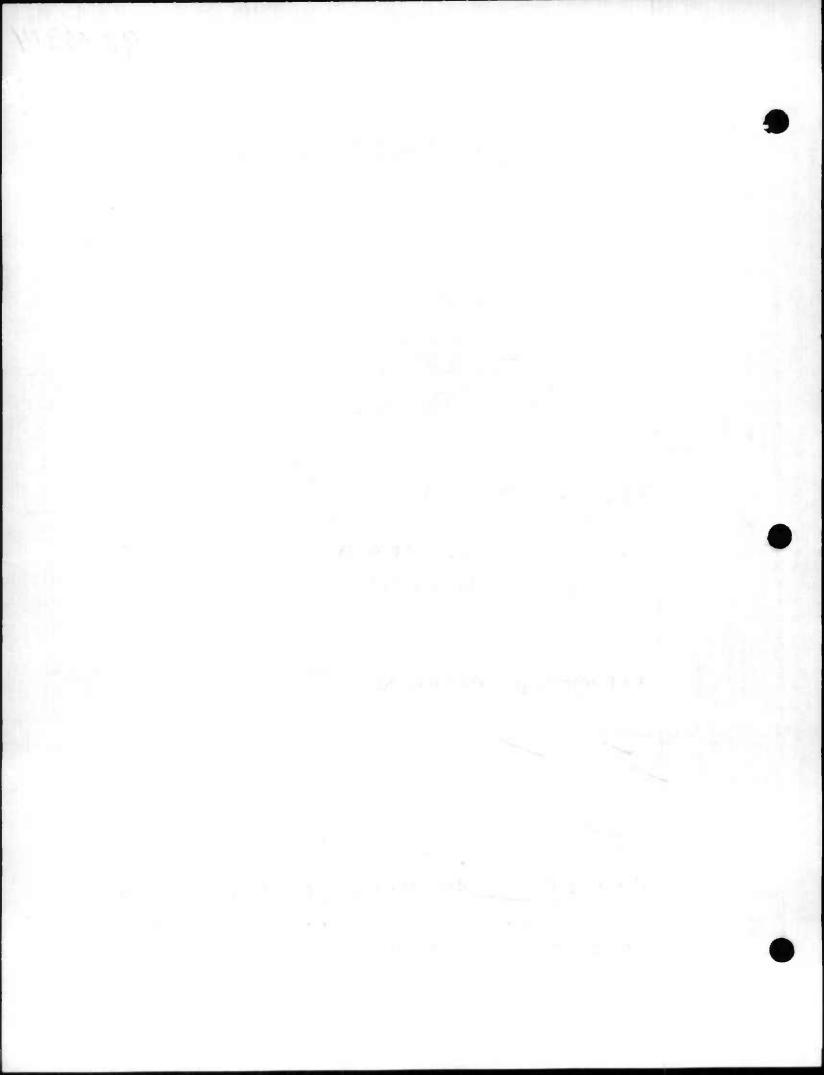
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremat	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, '

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTME			TENTAL HYGIEN		- 00313		
	1. DECEDENT'S NAME (First, Middle, Last)	F leslie				2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 358 05 5407	S. SEX 1 M 2 F R. AGE (in yrs. lest birthdey) IF UNDER 1 YEAR 76 YRS. MONTHS DAYS			(Marth Day Mart)					
TOR	90. FACILITY NAME (If not institution, give st A A DOF HOST RESIDENCE OF DECEDENT	treet and number)	96. 0	Ba,	R LOCATION OF DEA	ATH	9c. COUNTY	OF DEATH		
DIRECTOR	-	Arundel	10c. CITY, TOW	N OR LOCAT		adena	dena 10d. INSID			
FUNERAL	100. STREET AND NUMBER 4686 Mountain Rd.			101.	ZIP CODE 211	22	1	ted States		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO		cify Cuban, Mexican	C ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No— 14.	. RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		Give kind of work do the Do NOT use retire	one during mos id.)		16b. KIND OF BU	omesti			
OMP	1. Z 17. FATHER'S NAME (First, Middle, Last)		Homema	Ker	18. MOTHER'S NAM	AE (First, Middle, Maider				
BE C	(Unknown)	Faun	tleroy		PENTS INDUSTRI	(Unkno				
TO B	19a. INFORMANT'S NAME (Type/Print) Laura F. Ruark					oute Number, City or Tox Glen Burn		21061		
	20e. METHOD OF DISPOSITION 1 □ Burlel 2X Cremellon 3 □ Reme	oval from Stata of cerr	LACE AND DATE OF D	ISPOSITION er place)	(Name	DATE 20c. L	OCATION - City	y or Town, State		
100	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE UC		ro Cremate	22. NAME AN	address of faculty Fun	eral Home	of Pa			
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, interval Bet Onset and I disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST D. JATERA PRECIMONIA PRECIMONIA PRECIMONIA A CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent condition	s contributing to death but	not resulting in the	underlying	g ceuse given in (Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТІ	26. PL	ACE OF DEATH (Che	ock only one)				
HYS	1 YES 2 NO	1 Inpatient 2 ER/Ouipati			e 5 🗆 Raeldence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED		
ED BY P	Netural 5 Pending Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify,	Al home, farm, street,	4 1 1 3	PK? YES 2 NO	281. LOCATION (Street City or Town, State	t end Number or			
COMPLETE	0001	ICIAN: To the best of my knowled	ige, death occurred at t			to the cause(e) and m	anner as stated.			
TO BE C	29b. SIGNATURE AND THILE OF CERTIFIE	wo 1110	d		29c. LICENSE NUM	IBER	29d. DATE S	SIGNED (Month, Day, Year)		
	30. NAME AND APPORESS OF PERSON WH	O COMPLETED GAUSE OF DEATH	Md.	3001	5. H	anove	1 57	Balt.		
			CO 0 00 "							



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	24	y fille	the
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAI CERTIF	RTMENT OF I	EALTH AND	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	KATHRYN	2		BERGER			04 YEAR 92		
	4. SOCIAL SECURITY NUMBER 215-09-8107		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign ntry)	
		1 M 2 X 7	7 YRS.			Aug. 23		aryland	
œ	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH	
18	NORTH ARINDEL HO	OSPITAL ASSO	CIATION	GLEN	BURNIE		Α.	A. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	TION			10d. INSIDE CITY		
		Arundel		Pasade	na	1 YES 2 X NO			
PAL	10e. STREET AND NUMBER			101	. ZIP CODE			WHAT COUNTRY?	
FUNERAL	503 Lake Shore				2112			States	
	1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	If yea, sp	eçifχ Çubaπ, Mexic	NIC ORIGIN? (Specify Ya	a or No— 14, RA Bis	CE — American Indian, ick, White, atc.	
B	3 XWIdowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗌 YES	X.Z.NO Speci	y:	Spe	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	ISINESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mo se retired.)					
₩ M	12		Seli-	employe				oprietor	
	17. FATHER'S NAME (First, Middle, Last) Henry	oha -				ME (First, Middle, Maider			
8	19a. INFORMANT'S NAME (Type/Print)	ohn Fo	ortman		Flore			kman	
유		Donnor	1			Floute Number, City or Tox		VD 01146	
	Mrs. Bonita L.	100	PLACEANDOATE					MD. 21146	
	**CyBurial 2 Cremation 3 Ramov 4 Donetion 5 Other (Specify)	ral from Stata cert	netery, crematory or o	ther plecel			OCATION — City or		
	21. SIGNATURE OF FUNERAL SERVICE LICE		Len Havi	22. NAME AN	ID ADORESS OF FA	ciuty neral Hor	Glen B	urnie,MD.	
	1 Shave	Sauce	S	MC Cu	Mounta:	neral Hor	ne of P	MD. 21122	
CERTIFICATION	Sequentially liet conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reauting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F): " [Oneat and Death	
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions RH FWM 17	contributing to deeth b	TMRC	in the underlying	ı cause given in	PERFO	Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b		
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIPAL:			ACE OF DEATH (Ch	eck only one)			
IYS		Inpetient 2 - ER/Outp			5 - Residence	8 Other (Specify)			
	1 William 5 Pending	(Month, Day, Year)	28b. TIMI	URY WOI	RK?	28d. OEŞCRIBE HOW	NJURY OCCURED		
BY	2 Accident investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	- At home form a		ES 2 NO				
TED	4 Homicide 8 Could not be	building, atc. (Spec	cify)	areat, ractory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA	AN: To the best of my know	ledge, death occurre	ed at the time, data	and plece, and due	to the ceuse(a) and mai	nner as stated,	a) and manner as stated.	
w	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			O (Month, Day, Year)	
TO B	Samuel	A	Hend	emo	D 21-	776	D 1/1	1/97	
1	SURYA P. MUNDRA,		ATH (ITEM 27) (Type,	Print)	.W., #30	08/GLEN BUI	RNIE. MAI	RYLAND 2106	
	JAN 0 9 1992	32. REGISTRAR'S SIGN	ATURE				.,	_ ====	



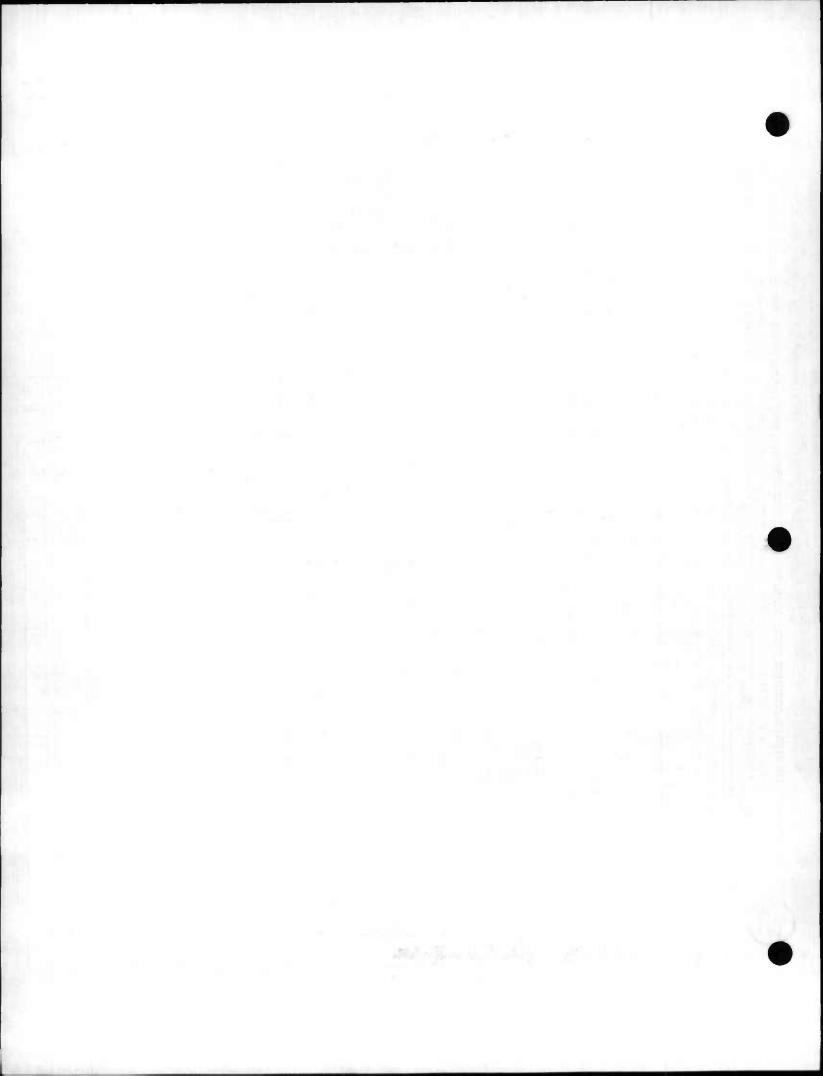
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last),	101.1	1 (FICATE O	F DEAL	n	2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH			
	A COMAL OCCUPATY MUNICIPA	ANDI	se ola	oches			1 1		2 1:35 v			
	4. SOCIAL SECURITY NUMBER	, ,	3. AGE (In yrs. last birthday)	MONTHS DAYS		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)			
	217-24-0032	1 M 2 M F	62 YRS.				7-31-2	9	Md			
DIRECTOR	9a. FACILITY NAME (If not institution, give st	tospital		Ba (HOR LOCATION)N OF DE	EATH	9c. COUN	TY OF DEATH			
EC	10a. STATE 10b. COUNTY	4	10c. CF	TY, TOWN OR LO	CATION				10d. INSIDE CITY			
DIE	Ma		B	2/1/					LIMITS?			
	10e. STREET AND NUMBER			7110	101. ZIP CODE			10a, CITIZ	EN OF WHAT COUNTRY?			
ER	2733 Ray	ner A	ve		212	16		(1.56			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E	YES 2 NO	If yea,	ECENDENT OF specify Cuban	F HISPAN Mexican Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No-	14. RACE — American Indian, Black, Whita, atc.			
	15. DECEDENT'S EDUC	2471041							Black			
COMPLETED	(Specify only highest grade	CATION completed) College (1-4 or 5+)	18a, DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPA work done during use retired.)	TION most of working	9	16b. KIND OF BU	JSINESS/INDU	USTRY			
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnema)											
BE C	Walter Muy	TIM			12	Pa	Thowas	0				
	19a. INFORMANT'S NAME (Type/Print)	7	19b. MAILING	G ADDRESS (Street	and Number	or Rural F	Route Number, City or Tox	-	Codel			
2	Ellsworth V.	Coates	27:	33 RG	21100		Ave B	1/0	4d 21216			
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo	oval from State	20b. PLACE AND DATE cemetery, crematory or of		Name of		DATE 20c. LO	OCATION — C	ity or Town, State			
	4 Donation 5 Other (Specify)		Garr	75 du t	orest	7	1-9-92 (Dwin	as Milk M			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME	AND ADDRES	S OF FAC	CILITY		/			
	Demand	D 900	moun	Mar	4	300	Who bas	1 Av	_			
	23. PART I. Enter the diseases, or co	omplications that c	eused the death. Do	not enter the n	node of dyir	ng, euch	es cardiac or reep	iratory erre	at, Approximate			
	shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in daath)	a	Septic	Sh	, ck				intervel Betwee Onset and Dea			
_		DOE TO (OF	R AS A CONSEQUENCE O									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING											
FF	CAUSE (Disease or Injury that initiated events	DUE TO (OF	R AS A CONSEQUENCE O	F):								
FR	resulting in death) LAST	4.							Ì			
	DADT II Other significant condition											
MEDICAL	PART II. Other eignificent conditions	1	ath but not resulting	11 -	ing cause gi	ven in I	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
							_		1 TES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF OE	ATM (Cho	-tt					
SIC	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:								
H	27. MANNER OF DEATH	28a. DATE OF INJ			NJURY AT	Idenca (8 Other (Specify) 28d. DESCRIBE HOW	11 11 10 10 00 O				
	1 Natural 5 Pending	(Month, Day, 1		JURY W	YES 2	MO	28d. DESCRIBE ROW :	NJUHT GCCG	RED			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF IP	NJURY — At home, farm,			+	28f. LOCATION (Street	and Number of	Dural Davita Number			
ETED	4 Homicide determined	building, etc.	, (Specify)				City or Town, State;	orio realizado de	nurai nuula Number,			
7	29a. CERTIFIER (Check only	CIAN: To the best of my	knowledge, death occurs	and at the time, ris	to and place i	and then I	to the severale) and ma					
COMPL	one) 2 MEDICAL EXAMINER	R: On the basis of axem	ination and/or investigation	on, in my opinion,	death occurse	d at the t	io the cause(a) and mai time, data and place, ar	oner as stated	i. cause(a) and manner as stated.			
ŭ W	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LtCEN							
00	20 (Nten	- 0		29C. LICEN	ISE NUM	BER C	29d. DATE	SIGNED (Month, Day, Year)			
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (ITEM 27) (Type	Print)	1) /	0117	1	14142			
	31. DATE FILED (Month, Day, Year)	5	Hearne, V	nD	225.	1/10	no IT.	BATTI	more that 2) wi			
	JAN 09 1992	Julia Davi	doon Randall									

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be marked at the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHODRIANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALLIMORE, MARYLAND THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bospi TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Physiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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LENA	(NM	N) CULVES	3				MOI	чтн с 7	MY	YEAR	550p
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b	- "	IF UNDER 1 YEAR	-	R 24 HRS.		E OF BIRTH		6. BIRT	HPLACE (State or Foleign
217-07-4428	1 🗌 M 2 🐼 F	86	YRS.	MONTHS DAYS	HOURS	MIN,		5-05			DLAND
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF	DEATH
HARBOR HOSPITA	CENTER			BALTIMORE CITY			N/A		'A -		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	10c. CITY			TY, TOWN OR LOCATION							10d. INSIDE CITY
MARYLAND ANNE	ARUNDEL GI			EN BURN					LIMITS?		
		EAST HOWARD RD.		10	. ZIP COE	DE			10g. CITI	ZEN OF	WHAT COUNTRY?
MARYLAND MANOR					210	61			U.S	.A.	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARME	ED					GIN? (Specify Ye to Ricen, atc.)	a or No-	14. RA	CE — American Indian, ck, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				2 X NO			o mount, area,			odfy:
15. DECEDENT'S ED	1 HICATION	160 DECE	EDENT'S	USUAL OCCUPATION	ON.			6b. KIND OF BU	ISINESS/INF	HIETOV	WHITE
(Specify only highest grad		(Give		ork done during me		ing		OU. KIND OF BC	JSINESS/INC	JUSTAT	
UNKNOWN	NONE		ME. M	AKER				OWN	HOME		
17. FATHER'S NAME (First, Middle, Last)	110112	22.02			16. MOT	THER'S NA	AME (Firs	t, Middle, Maider		-	
p127	UNKNOWN				U	NKNO	WN				
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	nd Numb	er or Rural	Route No	imber, City or Tox	wn, State, Zip	Code)	
BERTHA MESSINA		10	25 N	ORTH EA	ST 1	74 S	ST. 1	N. MIAN	I BE	ACH	FLA. 33162
20er METHOO OF DISPOSITION 1 🖾 Buriel 2 🔲 Cremation 3 🔲 Rec	movel from State	20b. PLACE All of cemetary, c		OF DISPOSITION	(Name		D	ATE 20c. L	OCATION —	City or	Town, Stata
4 Donetion 5 Other (Specify)	movan from State			EN MEMOR	IAL	PARE	(1-1)	0-92 G	LEN B	BURN	IE,MD
21. SIGNATURE OF FUHERAL SERVICE L	LICENSEE	1 ,		22. NAME A			ACILITY				
EHS M				SING	FTO	N FII	MFRA	AI. HOME			
11/ 0/10024	- 34	16						AL HOME		NTF	MD 21061
23. PART I. Enter the disease, or	r complications tha	t caused the deat	th. Do n	1 SE	COND	AVE	. S.	W. GLE	N BUR	_	, MD 21061
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pyhi)

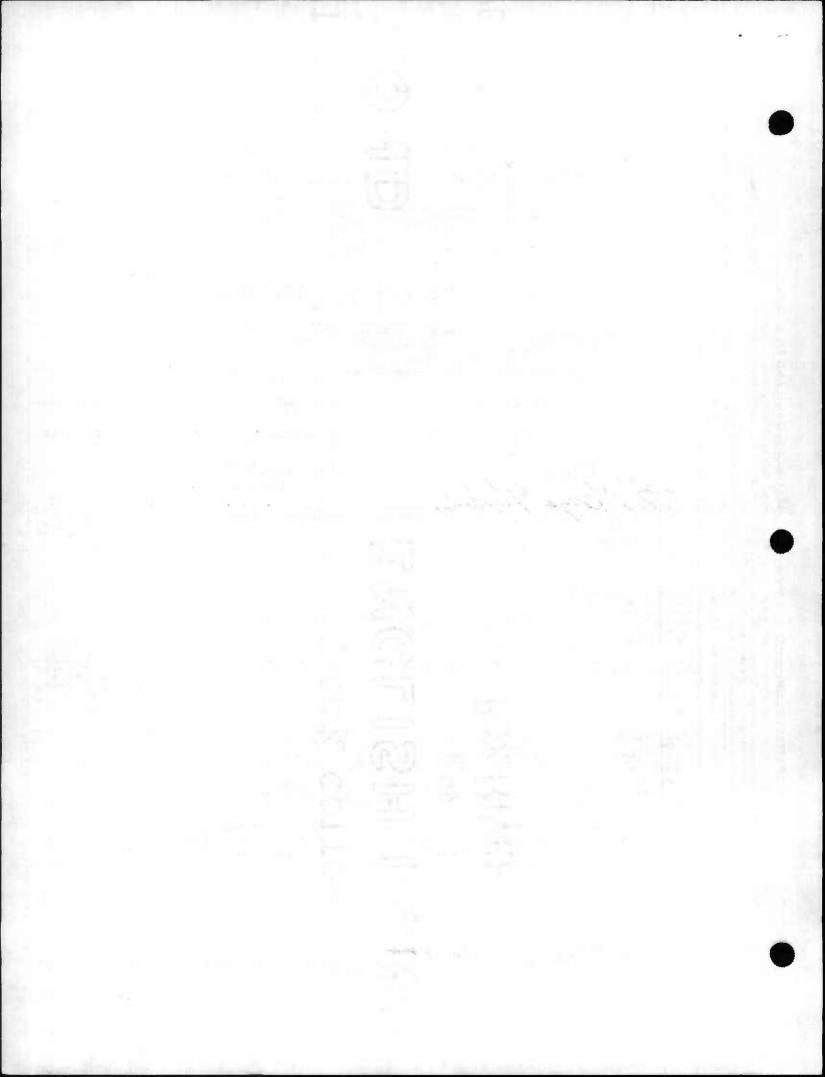
HARBOR HOSP, TOTA CENTER, Baltonne, MO. 21230,

31. DATE FILED (Month, Day, Year) 1.

32. BEGISTRAR'S SIGNATURE

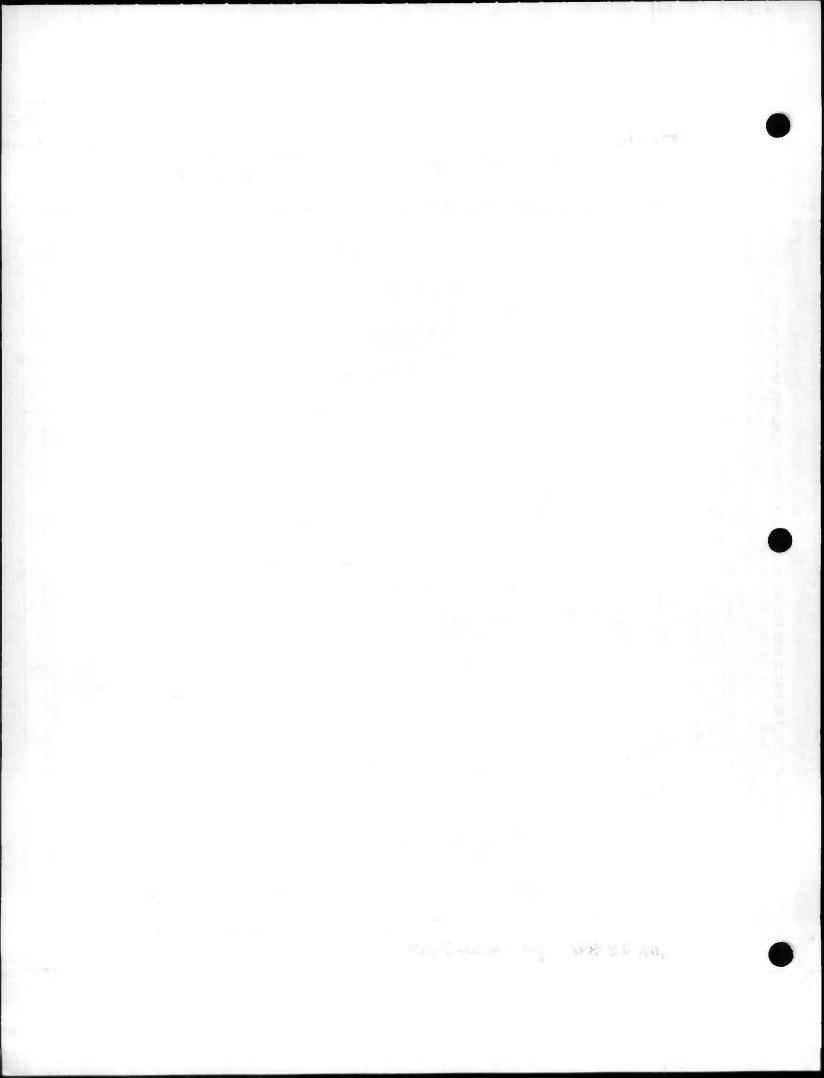
JAN 09 1992 Julia Davidson-Rendelle,





TO THE FUNERAL DIRECTOR After this cartifacts has been signed by the attending physician. TO THE FUNERAL DIRECTOR After this cartifacts has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 fours after death with the State Dept. of Health and Merital Hyghere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Las	10	,	7		DEATH		REG. NO			3. TIME OF DEATH
Hildan	L,	_ (.	Offins	5		MO	NTH D	7	YEAR 92	6:25
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. Is		NDER 1 YEAR	IF UNDER 24 HRS.		TE OF BIRTH onth, Day, Year)		8. BIRTH	PLACE (State or Foreig
216-03-7675	1 - M 2 F	78	YRS. MONT	HS DAYS	HOURS MIN.	11	119/13	7	BA A	to min
9a. FACILITY NAME (If not institution, give	0	1		CITY, TOWN O	OR LOCATION OF DE			9c. COU	NTY OF D	EATH
HESIDENCE OF DECEDENT	CARE	(ent	er .	BAIT	imore)		B	ALT	imore
10e. STATE 10b. COUR	NTY		10c. CITY, TOV	VN OR LOCAT	ION					10d. INSIDE CITY
Maryland	Baltimore	е	Ca	itonsv	ille					LIMITS?
10e. STREET AND NUMBER					. ZIP CODE		10g. CITIZEN OF			
715 Maiden Choic	e Lane				21228	3			USA	P
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. WAS DECI	ENDENT OF HISPAN	NIC ORK	GIN? (Specify Yar	or No-	14. RACE	— American Indian, White, etc.
3 Widowed 4 Divorced			2 X NO Specifi		to ricen, atc.)		Specif	у:		
15. DECEDENT'S EC	DUCATION	16a D	ECEDENT'S USUA	LOCCUPATIO	NA .	L	16b. KIND OF BUS			White
(Specify only highest gra	de completed) College (1-4 or 5+)	(0	Give kind of work do to. Do NOT use retire	one during mos	st of working	Ι.	IOD. KIND OF BU	SINESS/INI	DUSTRY	
12 Years			Homemaker Home							
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (Firs				
John Schmidt							et Wieg			
19a. INFORMANT'S NAME (Type/Print)		19			nd Number or Rural I	Route Nu	imber, City or Tow	n, State, Zip		
Earl J. Collins					Choice L					
20a, METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	cemetery, cr	AND DATE OF DISI	POSITION (Nar	me of	D	ATE 20c. LO	CATION -	City or Tov	m, State
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE .	Lorra	arne PAr	K Ceme	etery	1/	9/9K MO	ograi	wn, №	id.
James 7. 1	June	. Sh.	,							
	10000	11/1/	′ I	MITC	uerr-wie	det (eld Hom	e, li	nc.	
James F. Bu	rnside, Jr.			6500	hell-Wie York Rd		Baltimo	re. I	Md. 2	1212
James F. Bu 23. PART I. Enter the diseases, or ehock, or haert feilure	rnside. Jr.	caused the d	eath. Do not en	6500	York Rd		Baltimo	re. I	Md. 2	Approximate
23. PART I. Enter the diseases, o ehock, or haert fellure iMMEDIATE CAUSE (Final	rnside. Jr. r complicetions that controls one course	caused the de on each line	e.	6500 Iter the mod	York Rd		Baltimo	re. I	Md. 2	Approximate interval Batw
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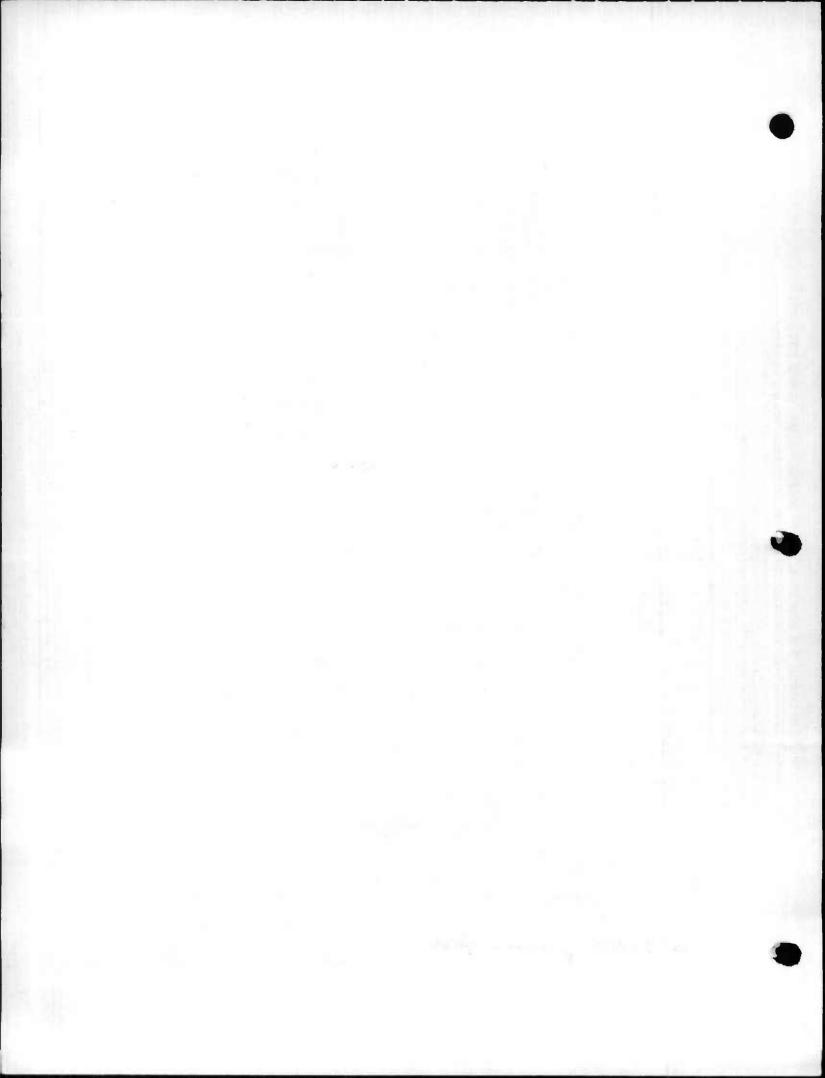
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, it

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR
1. DECEDENT'S NA
WILMER
4. SOCIAL SECURIT
219-16-
9e. FACILITY NAME
GREATER
RESIDENCE C
10e. STATE
MD
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11. MARITAL STATU
1 Never Married
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH		MEAD	3. TIME OF DEATH	
	WILMER R.	CROMWE	LL							01		05	92	4:58 A M	
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	fast birthday)	IF UNDER	DAYS	IF UNDER	24 NRS.	7. DATE C	F BIRTH Day, Year)	; Year)		IPLACE (State or Foreign	
	219-16-987		1 M 2 F	69	YRS.			OR LOCATI			-10-19		Ma NTY OF D	<u>ryland</u>	
DIRECTOR	GREATER BA	LTIMOR		L CENTI	ER		SON	OII EOGAII	OR OF BE					more	
EG	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	10c. CITY, TOWN OF LOCATION						10d. INSIDE CITY			
DIR	MD	BALT	IMORE			COCKEYSVILLE								LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZEN OF Y			WHAT COUNTRY?	
ER	8-C STAGHORN COURT							2103	30					SA	
BY FUNERAL		11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					If yes, sp		m, Mexica	n, Puerto A	? (Specify Yel icen, etc.)	or No-	14. RAC Blac Spec	E American Indian, k, White, etc. #/y: Black	
	15. DECEDENT'S EDUCATION 18e. D				DECEDENT'S	USUAL C	CCUPATI	ON		18b.	KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondery (College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during m	ost of worki	ng	1					
MPI					Const	ruc	tio	n Wo	rke	r					
CO	17. FATHER'S NAME (First, A							7.5			liddie, Maiden	Surname)			
BE	Horace		Cromwel:	L					ace		hye				
2	Beverly V		ns	19b. MAILING ADDRESS (Street and Number or Ru 612 Cromwell-Whye										Monktor 43 Md 2111	
	20e. METHOD OF DISPOSIT	on 3 🗆 Rem	noval from State		CE OF DISPO							CATION -		own, State	
	4 ☐ Donation 5 ☐ Othe 21. SIGNATURE OF FUNER/		CENSEE //	- IST.	Luke	SII	M.M.	Chu NO ADDRE	rch	Cem				Maryland	
		why	11.	No										Culloh St. re, Md 212	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) BILATERAL BRONCHOPNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): METASTATIC LARYNGEAL CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):														
4	PART il. Other aignific	ent conditio	ns contributing to	deeth but no	ot resulting	In the u	nderlylr	ng cause	given in	Part i.				b. WERE AUTOPSY FINDINGS	
MEDICAL	GASTROINTE						PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 1 YES 2 NO				
A	25. WAS CASE REFERRED	TO MEDICAL		_		-	26. F	PLACE OF	DEATH (C)	neck only on	e)				
S	EXAMINER?		HOSPITAL:	ER/Outpatien	3 DOA	OTHE 4 Nu	R:			5 🗆 Other					
BY PHYSICIAN:	27. MANNER OF DEATH	Pending Investigation	28e. DATE OF (Month, I	INJURY	28b. TII		28c. IN	JURY AT	□ NO	T	CRIBE HOW	INJURY O	CCURED		
		Could not be determined	28e. PLACE (building.	OF INJURY — A . etc. (Specify)	t home, farm,	atreet, fa	ctory, offi	ce			ATION (Street or Town, State		er or Rural	Route Number,	
COMPLETED	anal and		SICIAN: To the best of											(a) and manner as stated.	
TO BE C	294 SIGNATURE AND TITLE			Pathologist D28885					≥ 01-05-92						
		Siegel	MD 6	701 N.	Charl		it.	Balt	imor	re. M	D 21	204			
	JAN 09 1	92	32. REGISTRA	AR'S SIGNATUR	E	decellar des					. 540	-500			



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Presents with the State Dept, of Health and Mental Hydiene prior to bunial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the fi Phous after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR: A hours after d 69

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR DOLORES A. CHEEK 1992 January 4, 1:03 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 9/22/32 (Month) Day, Year) 9/22/32 7-22-1932 IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 KF 219-28-7051 59 MARYLAND 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Baltimore County FRANKLIN SQUARE HOSPITAL ROSSVILLE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE **ESSEX** 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 170. CITIZEN OF WHAT COUNTRY? 807 WOODROW AVENUE 21221 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATE? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
It yes, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 84 3 Widowed 4 Divorced WHITE 18e. DECEDENT'S USUAL OCCUPATION

Wind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY ive kind of work done
Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 9TH GRADE N/A HOME MAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) JOSEPH BUNK BE JULIA FOX 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 HUBERT A. 807 WOODROW AVENUE CHEEK BALTIMORE, MARYLAND 21221 METNOD OF DISPOSITION 20c. LOCATION — City or Town, State DATE 1 Buriet 2 Cremation 3 Removal from State HOLLY HILL Donation 5 Other (Specify) MEMORIAL 1-7-1992 BALTIMORE. MARYLAND 21. SIGNATURE OF PUNERAL SERVICE LICES DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 11 7922 WISE AVENUE DUNDALK MD 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory erreet, Approximate shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Daeth disease or condition ARDIAC ARRE INHEO resulting in death) DUE TO (OR AS A CONSCOUENCE OF): CERTIFICATION Sequentielly liet conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS INFINENZA AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) 1 YES 2 NO 27. MANNER OF DEATH HOSPITAL: OTHER: 1 Inpetient 2 FR/Outpetient 3 I DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Coldent 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. MEDICAL EXA NER: On the basis of examination and/or investigation, in my opinion SIGNATURE AND TITZE OF 29c. LICENSE NUMBER DO435. TED CAUSE OF DEATH (ITEM_27) (Type, Print) 2/2/5 Month, Day, Year) / SJAN U 8 was kundson-Handell

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REC	ISTRAR		CERTIFIC	CATE OF I	DEATH	REG. N	Ю.	Comp. 1	
1. DECED	ENT'S NAME (First, Middle, Last)	IA T DANTE	0			2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH	
	LCUI	IA-E. DANIEL				January:	1, 1992.	6:45 pm	
10.15	38-7848				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Qay, Year)		BIRTHPLACE (State or For Country)	
	TY NAME (If not institution, give			01 OFFICE PRODUCTION		Feb. 3.10		Maryland	
				9b. CITY, TOWN OR		DEATH	9c. COUNTY	OF DEATH	
RESIDI	cis Scott Kei	meaceae ce	nier	Baltimor	e City				
10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION 10d. INSIDE CIT									
			Balt	imore			1 VYES 2 1		
10e. STRE	ET AND NUMBER			10f. Z	IP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
	Demarcey Way				224		Unit	ted States	
1 11011		12. WAS DECEOENT EVER FORCES? 1 YES	S 2 XX10	If yes, speci	fy Cuben, Mexic	NIC ORIGIN? (Specify en, Puerto Rican, etc.)	fes or No— 14.	RACE — American India Black, White, etc.	
11	r Married 2 Merried	IF YES, GIVE WAR OR	DATES	1 [] YES 2	XXVO Speci	Specify: Specify:			
G -	15. DECEDENT'S EDU (Specify only highest grad	ICATION completed	150. DECEDENT'S U	SUAL OCCUPATION rk done during most	-4	16b. KIND OF E	USINESS/INDUS	White	
Eleme	stary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	or working				
2	12 years	2 years	Account	ant					
L 41114	R'S NAME (First, Middle, Last)					AME (First, Middle, Maid			
	rd H. Roth				Margar	et A. Unk	elbach		
O 190. INFO	RMANT'S NAME (Type/Print)					Route Number, City or T			
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1 🗆 Burk	t 2 XCremation 3 - Ran	noval from State	ob. PLACE AND DATE OF	ar place)	of T	DATE 20c.	OCATION — City	or Town, State	
	TURE OF FUNERAL SERVICE	CENTRE AND	uctop se					, Maryland	
p	TOLL	5/0/	11)	Leona	rd J. R	luck Funer Rd. Balt	al Home	. Inc.	
	T. Chisholm			5305	Harkord	Rd. Balt	O. MD	21214	
IMMED(/	shock, or heart failure. ITE CAUSE (Final or condition in death)	a. Chem	aach lina.					, Approxima interval Be Onset and	
-		Vario	A CONSEQUENCE OF):	-0					
Sequent	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE on								
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.									
that initi	atad evants in daath) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequent if any, is cause. E CAUSE (that initi	In deadily EAST	d							
III DADE II	Other algolficant condition	ns contributing to death	but not resulting in	Part I. 24a. WAS /	N AUTOPSY	24b. WERE AUTOPSY FIN			
MEDICA			PERF	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO					
Z 25. WAS C	ASE REFERRED TO MEDICAL			28 DI AC	E OF OFATH (C)				
O EXAM		HOSPITAL:		OTHER:	E OF OEATH (Ch				
27. MANNE	R OF DEATH	25m. OATE OF INJURY	28b. TIME	OF 28c. INJUR	Y AT	S Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	ED	
- 12 N	I am and a sale a	(Month, Day, Year)	PULNI	RY WORK					
	s Could not be	28e. PLACE OF INJUR building, atc. (Sp	tY — At home, term, atre	eet, factory, office		281, LOCATION (Street	t end Number or F	Rural Route Number,	
4 🗆 #	omicide determined					City or Town, Sta	0/		
4 H	only 1 CEHTIFYING PHYS	CIAN: To the best of my kno						puse(e) end manner ee str	
LI 29b. SIGN	TURE AND TITLE OF CERTIFIE				9c. LICENSE NU			GNEO (Month, Day, Year)	
מ	/hn Le	= m e	HANDRA. A. CU DIREC	70R	D 22	396	▶ //.	8/92	
30. NAME .	Leon Hwan	a MD Fro	mas Scott	Vey Med	Conter		/		
31. OATE F	JAN 09 1992	Julia Davids	NATURE AND AND AND AND AND AND AND AND AND AND	4					

A County Maried Herinally Maried Carolle Line House HD. Francis Scotting Michael

BALTIMORE, MARYLAND 21203-3146

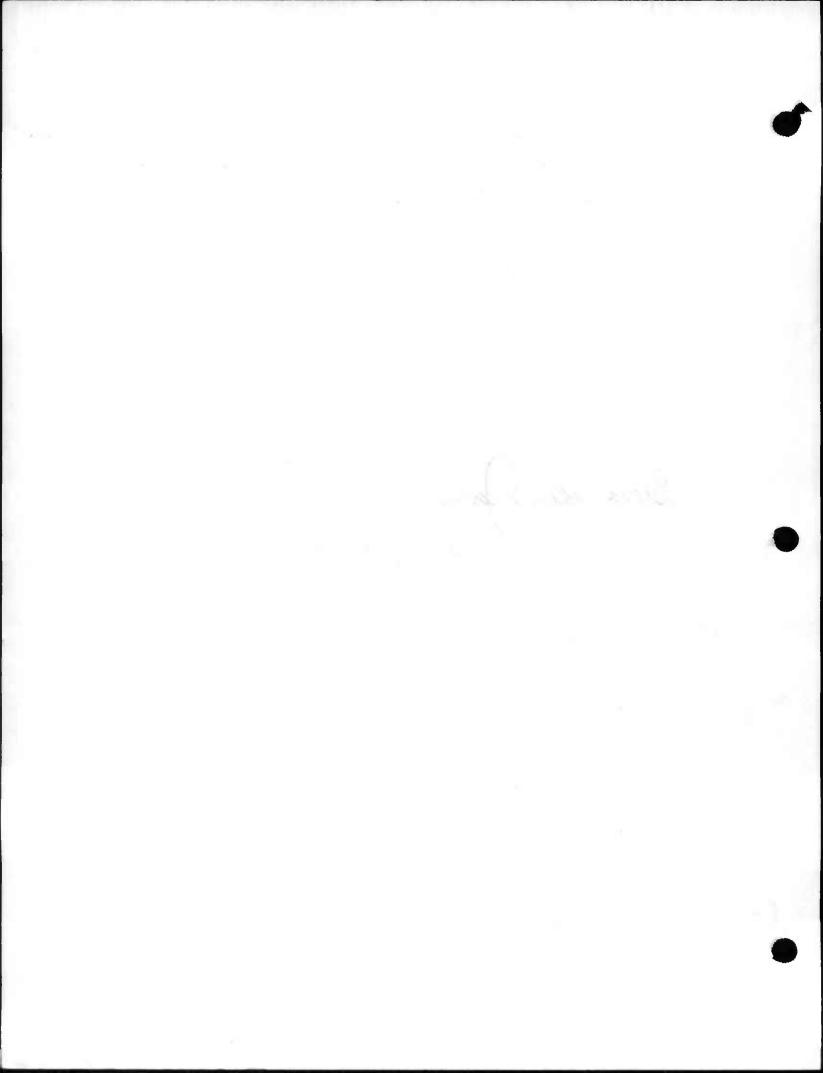
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	E	1-
1. DECEDENT'S NAME (First, Middle, Joseph	Lest) n Dixon				2. DATE OF DEATH MONTH DA	, ve	3. TIME OF DEATH 2 4:43 p. 18
4. SOCIAL SECURITY NUMBER 213-78-3278	5. SEX 1 2 M 2 D F 82	YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 09-01-	.09 °	IRTHPLACE (State or Foreign ountry) MD
9a. FACILITY NAME (If not institution, Century Home	Inc 102 N I			imore	АТН	ec county o	
10a. STATE 10b. CC			timor				10d. INSIDE CITY LIMITS? VES 2 NO
100. STREET AND NUMBER 102 North F				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	25/7/0	If yes, spe	INDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerio Rican, etc.)	or No- 14. I	RACE — American Indien, Black, White, atc. Specify: Black
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re Laborer	done during mos tired.)		16b. KIND OF BUS	SINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Le: Unknown	0)	`		18. MOTHER'S NA Unkn	ME (First, Middle, Malden OWN	Surname)	
190. INFORMANT'S NAME (Type/Print Steve Simone		102 N	Paca S	Street	Baltimor	e, MD	21201
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify,	Ramoval from State	other place) estern S	tar Ce	emetery	Ca	tonsvi	or Town, State
21. SIGNATURE OF FUNERAL SERVI	Clams on	(es)	Marsh 4101	nall W. Edmond	Jones, son Ave	JR Fur Balti	neral HmPA imore, MD21
23. PART I. Enter the disease ehock, or heert fai IMMEDIATE CAUSE (Finel disease or condition reculting in death)	e. arter	iosclerot a consequence of):	tic he	art di	sease	iretory strest,	Approximate interval Betwee Onset end Des
Sequentially liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	ACONSEQUENCE OF): DUZULA A CONSEQUENCE OF): Paulur			non der		
PART II. Other significant con	ditions contributing to death	but not resulting in t	the underlying	j cause given in	Part i. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI- EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)			
1 VES 2 □ NO 27. MANNER OF DEATH 1 Netural 5 □ Pending			OF 28c, INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident Investig 3 Suicide 8 Could r 4 Homicide detarmi	ot be 28e. PLACE OF INJUR	IY — At home, farm, stre			281. LOCATION (Street City or Town, State		Bural Route Number,
one)	PHYSICIAN: To the best of my kno						ause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CE	ATTIFIER Koheen	n	7	29c, LICENSE NU		29d. DATE SI	SNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	- 1	PEATH (ITEM 27) (Type, Pr	int) +660	will	ceus A	re #	203 2122
JAN 09 1992	32. REGISTRAR'S SIG	NATURE	o I i i i i i i i i i i i i i i i i i i				,



Pages 1, 2, 3 should

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examiner after death. medical filled in by ŏ and completely fille burial, cremation, **#** executed within traumatic 2 attending physician intal Hygiene prior to law requires that the death certificate be other 6 s has been signed by the attend e Dept. of Health and Mental Hy m 23 shows any Injury, or HOSPITAL OR ATTENDING PHYSICIAN: The After this certificate death with the State 6 marked, DIRECTOR: A 60 28 FUNERAL within 72 h MPORTANT: 15

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO. 1 -2. DATE OF DEATH MONTH 1. OECEOENT'S NAME (First, Middle, Last) ANN DABROWSKI KATHLEEN 7. DATE OF SMITH (Moren, Day, Mar) 9-5-1946 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. R. BIRTHPLACE (State or Foreign MARY LAND MONTHS DAYS HOURS 213-92-5034 1 M 2 X XF 9c. COUNTY OF OEATH 9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE DIRECTOR 317 SASSAFRAS ROAD ESSEX RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10a. STATE 10c. CITY, TOWN OR LOCATION 1 YES 2 NO **ESSEX** MARYLAND BALTIMORE 10s. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? FUNERAL 21221 U.S.A. 317 SASSAFRAS ROAD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X 100 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Bleck, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

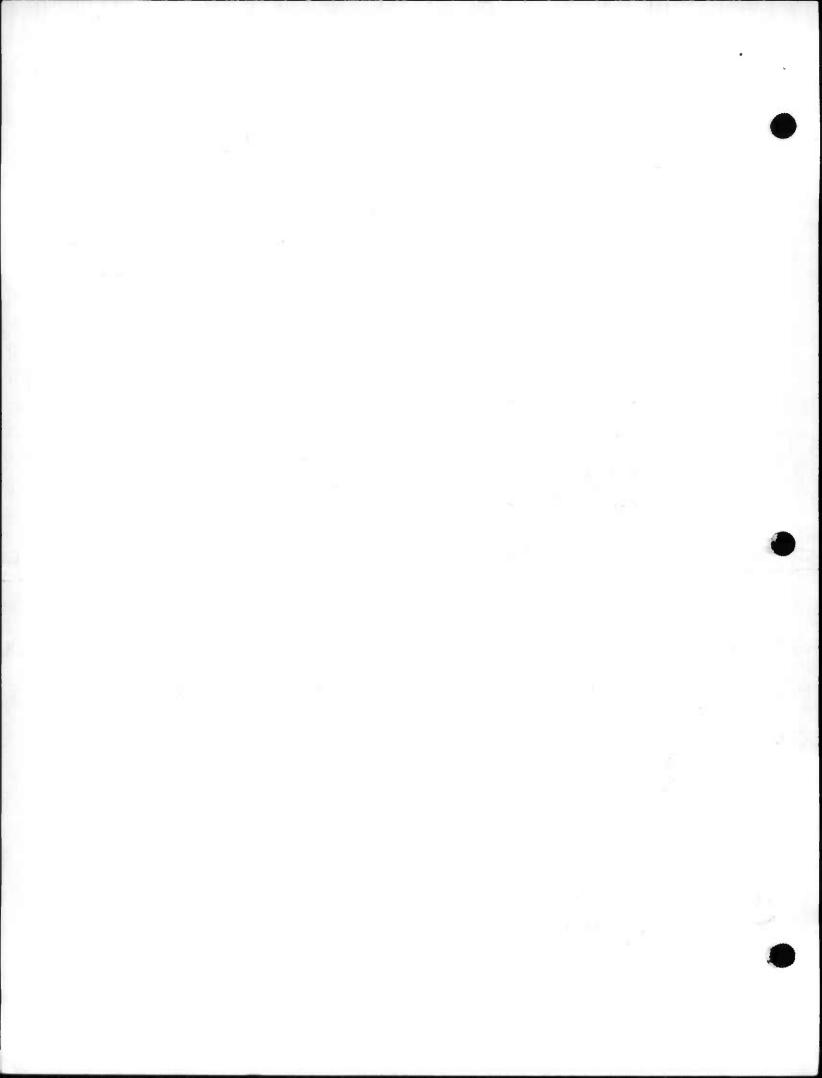
1 YES NO Specify: 1 🔀 Never Married 2 🗌 Married Specify: WHITE B 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) DEPENDANT NONE 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) THELMA EWING JOHN J. DABROWSKI. SR. BE 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 BALTIMORE, MARYLAND 21221 317 SASSAFRAS ROAD RONALD J. DABROWSKI 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20a METHOD OF DISPOSITION n 3 🗆 R 1 Surial 2 Cremation 3 4 Donation 5 Other (Specify) LAWN CEMETERY 1-7-1992 BALTIMORE. MARYLAND 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition_ MULTIPLE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE HYDROCIEPHALUS 1 - YES 2 NO OF DEATH? 1 TES 2 NO DIJABILITE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL BYAMINER?

1 YES 2 NO

27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: nt 2 - ER/Outpatient 3 - DOA me 5 Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending м 1 YES 2 NO BY 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY --- At home, lerm, street, factory, offica building, etc. (Specify) 3 🔲 Suicide 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the lime, data end place, end due to the ceuse(a) and menner as stated. 29d. DATE SIGNED Month, Day, Year) 29c. LICENSE NUMBER BE ONED EXTURIOR AST DEPUTY 2 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 9000 FRANKLIN SQUARE DP 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) hia Davidson **JAN 08** Randell. 1992

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U INE HUSPITAL OR ALLENDING PHYSICIAN; THE IAW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	2	MPORTANT: If item 28 is marked, or item 23 shows any injury or other traumatic event, the medical avantines must be motified at once
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4	HE F	ed w	ORT
2	I O	e fil	MP

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAI	RTMENT (OF HEAL	TH AND	MENTA			92	2 00323
	1. DECEDENT'S NAME (First, Middle, Las	0		CERTIF	ICATE	OF DE	AIH	2 DAT	REG. NO)		
	Marvin Edrington							MON	TH D	AY /	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 1	EAR IF U	NDER 24 HRS.	7 DATE	OF BIRTH		2_	S:00 A MA
	216-12-7792	1 X M 2 - F	68	YRS.		AYS HOU			th, Day, Year)	23	Countr	RYLAND
	9a. FACILITY NAME (If not institution, give	9a. FACILITY NAME (If not institution, give street and number)				OWN OR LOC	CATION OF D		21 4	9c. COUN		
DIRECTOR	Union Memorial Hospital					more	City					
E C	10a. STATE 10b. COUN	TY		10c CIT	Y, TOWN OR	LOCATION						
	MARYLAND					TIMOR	E					10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
FUNERAL	100. STREET AND NUMBER	W. 37th	STREE	Т		101. ZIP CODE 10g. CITIZEN OF WHAT COUP						HAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN L	J.S. ARMED	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- 14. RACE — America							— American Indian,
B	1 Never Married 2 Married 3 M Widowed 4 Divorced	FORCES? 1	MAR OR DATE	ES	If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: Specify:							, White, etc.
	15. DECEDENT'S EQ (Specify only highest grad	UCATION de completed)	1	6e. DECEDENT'S	USUAL OCCI	JPATION	adina	166	. KIND OF BU	SINESS/INDL	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	work done dun se retired.)	ing most of w	oriding					
MP	10TH			DELIVE	RY MA	N	11.		GRI	EENSPI	RING	DAIRY
	17. FATHER'S NAME (First, Middle, Last)					18. N	OTHER'S NA	ME (First,	Middle, Maiden	Surname)		
R	HOWARD EDRI	NGTON							EN BULI			
2									ber, City or Tow			01011
	STEPHANIE RUSSE		T		W. 37TH STREET, BALTIMORE, MARYLAND 2121							
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	cemete	ery, cremetory or o	ther place)							
	4 Donallon 5 Other (Specify) FOREST BAPTIST CHURCH CEM. 1/9/92 UPPERCO, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO, MD, 21211											
	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock or head falling the day one cardiac or respiratory arrest,											
	IMMEDIATE CAUSE (Final								interval Batween Onset and Death			
	disease or condition resulting in death) a. Seps. 1 Preumona Due to (or as a consequence of):											
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa b. Ventlate dependency Due to (OR AS A CONSEQUENCE OF): C. Schemic Carrier of Correction of C											
RTIFICATION	if any, faeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A C	ONSEQUENCE O	f): 	-	-					
FIC	CAUSE (Disease or injury thet initiated aventa	c. 25ch	(OR AS A C	ONSEQUENCE O	alouv	my of	athy					
RTI	resulting in death) LAST		(5.11.15	onorgonitor of	,		,					
CE		d										+
AL	PART II. Other algolificant condition	ons contributing to	death but	not resulting	in the unde	riying caus	e given in	Part i.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICA									1 TYES 2			COMPLETION OF CAUSE OF DEATH?
2												1 TYES 2 NO
PHYSICIAN:												
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE O	F DEATH (Ch	eck only or	ne)			
YS	1 TYES 2 NO	1 Inpetient 2		ent 3 🗆 DOA		Home 5	Residence	6 🗆 Othe	r (Specify)			
1	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, D		28b. TIM	URY	c. INJURY AT WORK?		28d. OE	SCRIBE HOW II	NJURY OCCU	JREO	
2 Accident Infrestigation 3 Suicide 6 Could not be determined dete												
								t end Number or Rural Route Number, a)				
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
COMPLET	(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of a	my knowled	ge, death occurre	n in my onto	data and pl	ece, and due	to the car	use(a) and men	mer as atated	d.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				, m my opin				and place, an			
BE	D -101	~ 11.	-	44.5		29c. l	LICENSE NUM	h				
2	30. NAME AND AODRESS OF PERSON W	HO COMPLETED CAUS	CLAN	OFEN 27 G	Print)					- 1	17/	92
	The state of the s		VENII	- 1 1 (IV)06,								

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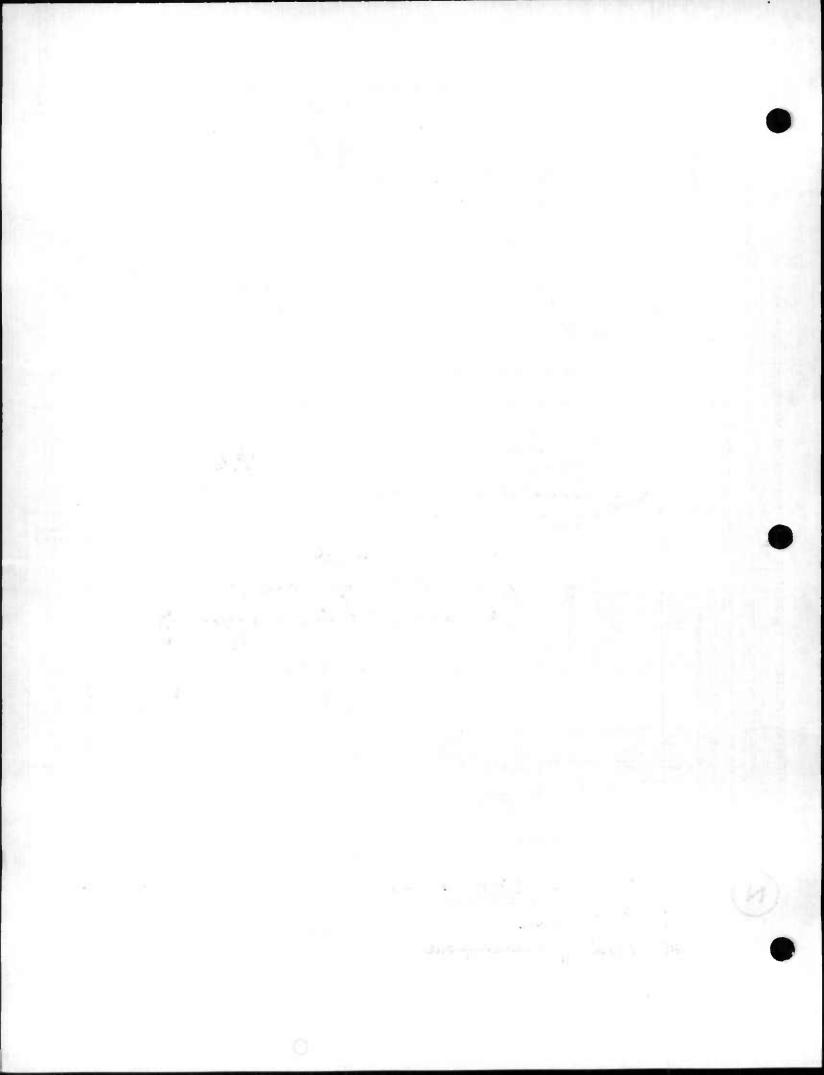
P. REGISTAR'S SIGNATURE

FUNA JUNION-HANDELL

JAN 0 9 1992

	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf narmit Panes 1.2.3 security	200000	
spital or attending physician.	hed for use as the burial-transi		
le 6 may be retained by the ho	rector, page 5 should be detact		must be notified at once
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	letely filled in by the funeral dir	remation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death certificate be executed w	attending physician and comp	with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	rry, or other traumatic eve
AN: The law requires that the	ificate has been signed by the	State Dept. of Health and Mi	r item 23 shows any inju
AL DR ATTENDING PHYSICIA	DIRECTOR: After 1	nours after death	f item 28 is marked, or
HOSPITA	THE FUNERA	Tred within 72 !	POHTANT: 1

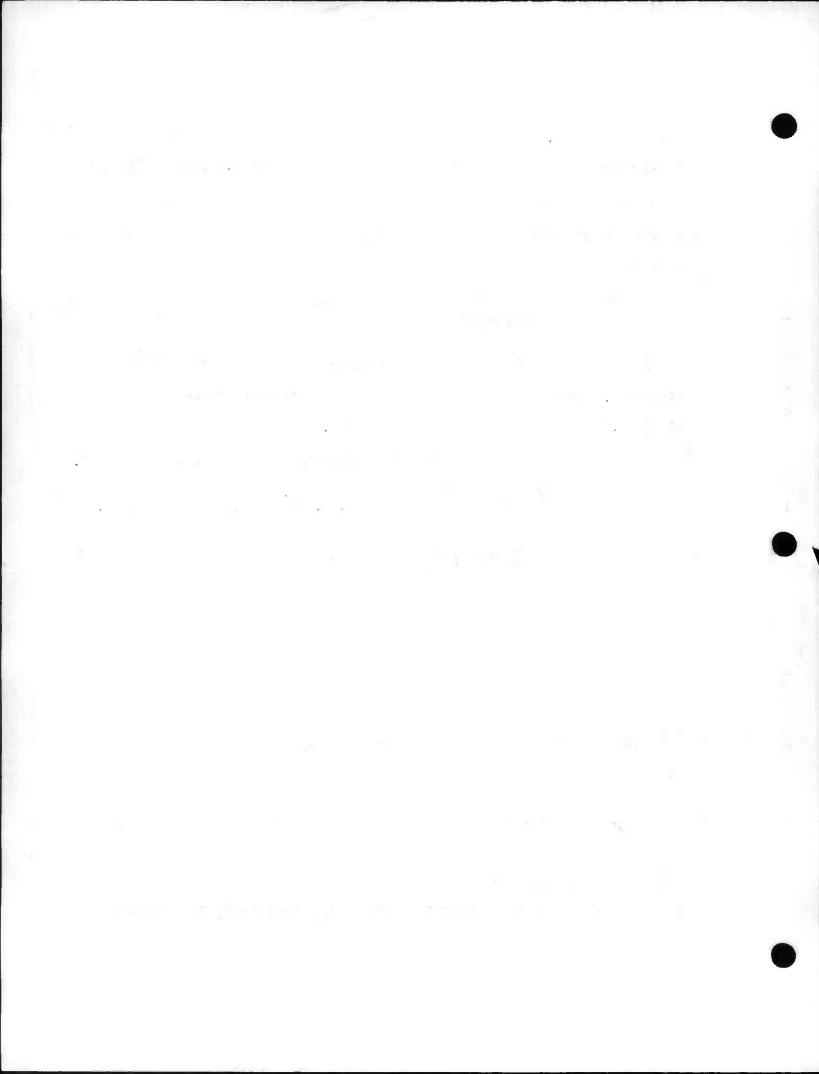
	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	RTMENT	OF H	EALTH AND	MEN.	TAL HYGIEN	IE -	12	00324		
	1. DECEDENT'S NAME (First, Middle, Last)	СН	ARLES	т.		ELLERS		2. D/ MC	2. DATE OF DEATH MONTH JANUARY 7, 1992			3. TIME OF DEATH 2:51 P.M.		
STOR	4. SOCIAL SECURITY NUMBER 213-03-4843	1 📉 📜 2 🗆 F	6. AGE (In yrs. Ia:	st birthday) YRS.		DAYS	HOURS MIN.		7. DATE OF BIRTH Mogth, Day, Special 15		8. BIRTHP	LACE (State or Foreign		
	99. FACILITY NAME (# not institution, give si GOOD SAMARITAN HO RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF C							ATH				
L DIRECTOR	MARYLAND HOT	WARD		10c. CITY, TOWN OR LOCATION ELLICOTT CITY						10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	9525 LONGVIEW DR	IVE		101. ZIP CODE 21043						_	U.S.	A .		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Never Married 4 Divorced	12. WAS DECEDENT FORCES? 1X IF YES, GIVE WA	XYES 2 1						GIN? (Specify Yes to Rican, etc.)	ecity Yes or No— 14. RACE — American Ind Black, White, etc. Specify: WHITE				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	specify only nignest grade completed)				(UNV KING of work done during most of working life. Do NOT use retired.)					16b. KINO OF BUSINESS/INDUSTRY			
OMP	12 17. FATHER'S NAME (First, Middle, Last)		ALESMAN					ELECTRI		UPPL	Y			
BE C	WILLIAM ELLERS						CATHE		t, Middle, Maiden MOORE					
10	190. INFORMANT'S NAME (Type/Print) CAROL SMITH	(DAUGHTER					ond Number or Run					21236		
	CAROL SMITH (DAUGHTER) 3610 PARKHURST WAY, PERRY HALL, MARYLAND 21236 20c. METHOD OF DISPOSITION 1 Burles 2 Nix remetion 3 Removal from State 4 Donation 5 Other (Specify) METRO CREMATORY 20c. LOCATION — City or Town, State METRO CREMATORY													
	22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228													
	23. PART i. Enter the diseases, or complications that caused the feath. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (OR AS A CONSCOURNES OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. File Control of Boule, out to (or as a consequence of): C. Mescular in Cause of Consequence of Conseq													
MEDICAL	PERFORMED? 1 YES 2 100							0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL/	ACE OF DEATH (C	Check only	one)					
IXSI	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
	1 Netural 5 Pending	28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO					NJURY OCCU	RY OCCURED						
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	ould not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,								te Number,				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) and manner as stated.													
B	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU						TE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO					HOS	PITAL, B	ALTI	MORE. M	IARYLA				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE											



THE CONTROLL Agent this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HTAN: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF DEATH JANUARY DAY 5, 19928					
	JOHN 4. SOCIAL SECURITY NUMBER	A. FRAN		IF UNDER		W 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	-	ANUARY TE OF BIRTH	5:55 M				
DIRECTOR	220–26–6466		n yrs. last birthday) N YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Se	pt.10,1	911	Country)			
	9e. FACILITY NAME (If not institution, give atreet and number)			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH			
	27920 BARNES			DA	MASCUS			F	REDER	ICK			
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y, TOWN O	D LOCAT	ION				T	IOd. INSIDE CITY		
Ĕ.		ERICK	100, 011		ASC				LIMITS?				
	10e. STREET AND NUMBER			ZIP CODE			IAT COUNTRY?						
BY FUNERAL	27920 BARNES RO		20872						USA				
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X XES	U.S. ARMED			ENDENT OF HISPA		C ORIGIN? (Specify Yee or No— 14. RACE — /			– Americen Indien, White, atc.		
34	1 Never Married 2 Merried 3 Widowed 4 Divorced	1934 - 193	TES			2 XINO Speci		Specify:			White		
	15, DECEDENT'S EDI	UCATION	16e. DECEDENT'S	USUAL OC	CUPATIO	DN .		16b. KIND OF BUS	INESS/IND	DUSTRY			
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done o se retired.)	furing mo	st of working		Con	a + m	ation	- 1		
MPL	5	0						GOTOH					
8	17. FATHER'S NAME (First, Middle, Last)	1-						st, Middle, Maiden :	,		- 1		
BE	William P. Fran	K	19h MAILING	ADDRESS	(Street s	nd Number or Rural				n Codel			
임	Virgie I. Frank	É	100	me as			110010 11	arriour, only or rotte	, oraro, my	, 0000,	1		
	20s. METHOO OF DISPOSITION	20b	PLACE OF OISPO	SITION (Na	me of car	netery, crematory or		20c. LO	CATION -	City or Tow	n, State		
	1 A Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)			tonsville Cemetery Layton							nsville, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME 20882												
	mury	N-Bar	Rec		P	O. BOX	503	8. LAYTO	NSVI	LLE.			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on sech line.							Approximata interval Between					
	IMMEDIATE CAUSE (Final disease or condition	0.12	It less							Onset end Deeth			
	resulting in death)	CONSEQUENCE	SEQUENCE OF):							1 year			
2													
CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate CHIEF ENDERLYING												
S	CAUSE (Disease or Injury	c. DUF TO (OR AS A	CONSEQUENCE O	NFI-									
틽	that initiated events resulting in death) LAST	ui											
	PART II. Other classificant condition	o.	ut not condition	In the co	of medical co.	- course alves to	Don't	. 24e. WAS AN	ALITOREV	1045	WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	PART II. Other significant condition	ons contributing to death b	ut not reauting	in the ur	ideriyin	g cause given in	1 Part i	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ä								1 TYES 2	₩.	1	OF DEATH? 1 YES 2 NO		
Σ.													
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C	heck on	ly one)					
VSI(1 TES 2 NO	1 Inpatient 2 ER/Outs	entient 3 🗆 DOA	4 Nur	sing Hon	e 5 Residence	_						
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TII	ME OF JURY	WC	IURY AT	28d.	OEȘCRIBE HOW II					
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	— At home, term,	atreet, fec		YES 2 NO	28t,	281. LOCATION (Street and Number or Rural Route Number,					
윤	4 Homicide 8 Could not be determined	Suit Could not be building, atc. (Specify) City or Town, State)											
COMPLETED	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my know	ledge, death occur	red at the t	ima, date	and place, and du	e to the	cause(e) end mer	ner ee ste	ited.			
JWC	(Check only One) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the bast of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.									end manner ee stated.			
С	296. SIGNATURE AND TITLE OF CERTIF	ER)				29c. LICENSE NU	JMBER		29d. DA	TE SIGNEO	(Month, Day, Year)		
D0684								3 > 1/6/97					
10	James P. Kerr	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (7/0)	Ridg	e R	d., Dar	nas	cus, M	D 2	20872	2		
	31. DATE FILED (Month, Day, Year) - 32. REGISTRAR'S SIGNATURE JAN 0 9 1992 Fulia Savidson-Render												

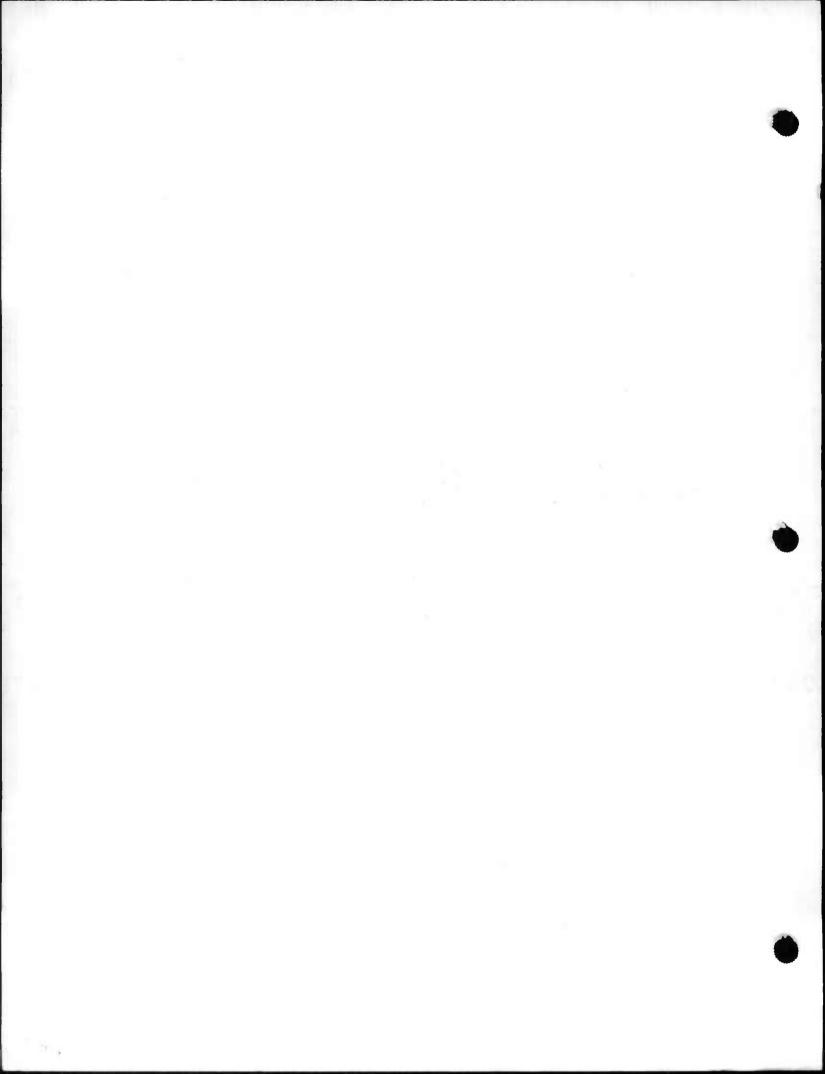


BALTIMORE, MARYLAND 21203-3146

SSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 Heurs after death. Page 6 may be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after death with the state Death of Health and Mental Hydiene prior to burial, cremation, or removal.	INT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ertificate be executed within 24 mours after death. Pa	ng physician and completely filled in by the funeral or niene prior to burial, cremation, or removal.	other traumatic event, the medical examine
law requires that the death or	is been signed by the attendi	23 shows any injury, or
. OR ATTENDING PHYSICIAN: The	RECTOR: After this certificate his after death with the State D	n 28 is marked, or item

	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENT	AL HYGIENI REG. NO.			- 00021
	1. DECEDENT'S NAME (First, Middle, Las	0								TE OF DEATH			3. TIME OF DEATH
8	ANNA "NMN"	' GRIFFIN							MO	NTH DA	Y	92	705 D M
ļ	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1		IF UNDER			TE OF BIRTH onth, Day, Year)		_	IPLACE (State or Foreign
	218-10-1286	1 🗆 M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	200	B. 22.190)9		JERSEY
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE		111		INTY OF D	
OR	CITZENS NURSING	HOME.			HAV	RE D	E GF	RACE			HA	RFORI	D
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	ITY		10c. CIT	Y, TOWN OF	RLOCATI	ON						10d. INSIDE CITY
DIRECTOR		HARFORD			ELAIR								LIMITS?
	10e. STREET AND NUMBER			1 -			ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
E E	725 BERETTA WA	ΑY				21	.015					U.S	.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		RMED	13. W			F HISPAN	IIC ORI	GIN? (Specify Yee	or No—	14. RAC	E — American Indien,
	1 Never Merried 2 Merried	ECDOCECO 1 VEC 2 CHO						n, Mexica Specify		to Ricen, etc.)	Black, White, etc. Specify:		
B	3 XWidowed 4 Divorced	1					A-						WHITE
COMPLETED	15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	10	Give kind of	USUAL OC work done d	CUPATIO uring mos	N t of workin	ng		16b. KIND OF BUS	INESS/IN	DUSTRY	
ш	Elementary/Secondery (0-12)	College (1-4 or 5 +	,	e. Do NOT u									
₹ I	7TH GRADE		HO	MEMAI	KER					evanium en	_		
	17. FATHER'S NAME (First, Middle, Last)								9	nt, Middle, Maiden	Sumame)		
BE	FRANK HALLIGAN 19e. INFORMANT'S NAME (Type/Print)	_	146	DE MAILIN	ADDRESS	(Street or		ARY I		umber, City or Town	State 7	in Codel	
이	BARBARA J. FI	IRCA SON								MD. 210		ф оооб)	
	29a, METHOO OF DISPOSITION	RGASON	20b. PLACE	OF DISPO	SITION (Nan							- City or To	own, State
	1 Donation 5 Other (Specify)	moval from State	WEST	ERN (CEMET		,					IMOR	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11	11	22.1	AME AN	O ADORE	SS OF FA	CILITY	HOME INC	٦		
	· Teus	e K	199	\mathscr{A}								RE, 1	MD. 21229
	23. PART i. Enter the diseesae, o	r complications that	caused the d	etih. Do									Approximete
	ehock, or heart failure IMMEDIATE CAUSE (Final	a. List only one ceu	se on each lin	e. 1			1				1		Interval Between Onset and Desth
	diseese or condition	· Ca	1 des	n/h	non	an	A	no	-			1	
	resulting in dasth)	DUE TO	OR AS A CONS	QUENCE C	PF:	0.	0 /	0			1	_/	0-
z	0	- a Arron	ente	No	lon	ma	1 (M	C	mi	1 PZ	>/MA	Sames)
CERTIFICATION	Sequentially list conditione, if any, leeding to immediate	oue to	AS A CONSE	EQUENCE C	OF):	X_	- 1). 1				(90
5	cause. Enter UNDERLYING CAUSE (Disesse or Injury	a. Cont	(OR AS A CONSE	FOUENCE C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	700	N	t				/	00000
Ë∣	that initiated events resulting in desth) LAST	ana 10	(OIT AD A CORD	LOULINGE C	<i>,</i> ,.						/		Charle of
		_ d								7			mang
Ŋ.	PART II. Other eignificent conditi	one contributing to		- 4	The same last	darlying	cause	given in	Part i	24s. WAS AN PERFOR		24	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
읽	> Muly	white	1517		16	Tu	ung	tr	2/2	1 🗆 YES 2	□ NO		OF DEATHY
핗ㅣ	7 Hunn	ansino 1	Aus	me	Ne	Cen	ife	1/2	4	Drugo	7		1 TES 2 NO
PHYSICIAN: MEDIC		,	,					7.		1,00			
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕЯ	-	ACE OF D	DEATH (Ch	eck onl	y one)			
Š	1 TES 2 DHO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA			9 5 □ R	esidence	8 🗆 0	ther (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY my, YBQ()	286. TH	ME OF JURY		RK?		28d.	DEŞCRIBE HOW I	NJURY O	CCUREO	
B	1 Natural 5 Pending 2 Accident Investigation				М		'ES 2	_ NO					
	3 Suicide 8 Could not 8	building,	etc. (Specify)	nome, farm,	street, tect	ory, office	•		28t. I	OCATION (Street of City or Town, State)	and Numb	er or Rural	Route Number,
				- 1	14								
COMPLETED	anni	YSICIAN: To the best of											
8	2 MEDICAL EXAM		xamination end/or	r investiget	lon, in my o	pinion, d	eath occu	red at the	ilme,	date end place, en	d due to	the cause	(e) end manner se stated.
BE (29b. SIGNATURE AND TITLE OF CURTIF	TER		L.	40		29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
0					VIV		V	19]	1	3	-	12	42
	30. NAME AND CORESS OF PERSON	WHO COMPLETED CAU	SE OF OEATH (IT	EM 27) (Typ	e, Print)		M	AM	UF	L M.	Ci	× 23	Mr MA
	31. DATE FILED (Month, Day, Year)	- Kun	AR'S SIGNATURE	11	20	0							
	IAN 0 9 1992	Lulia Davi		LOC.									





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	DORIS L.									2. DATE OF DEATH MONTH DA	AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUME									010	<u>7 °</u>	9Z	7 pm M	
-	214-18-0613		5. SEX	6. AGE (In yrs. les 68	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month), Day, Year)		6. BIRTH Count	IPLACE (State or Foreign ry)	
	90. FACILITY NAME (If not in			00	THS.					JAN. 23, 192			RYLAND	
DIRECTOR	JOSEPH RIT	CHIE H				96. CITY		FIMOR		EATH	9c. COU	NTY OF D	EATH	
<u>n</u>	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN (OR LOCA	TION					10d. INSIDE CITY	
	MARYLAND				E	BALTI			_		LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 2426 ZION										S.A.			
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes		14. RACI	E — American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 WIF YES, GIVE WAR OR DATES				10				n, Maxica Specify	n, Puarto Rican, etc.)		Speci	k, White, etc.	
	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	(G/	ve kind of	USUAL O	CCUPATIO	ON ast of working	100	16b. KIND OF BUS	SINESS/IND	IESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) HC				MEMA	se retired.)		or works						
	17. FATHER'S NAME (First, M CHARLES L	ONEY								ME (First, Middle, Maiden	Sumame)			
BE	19a. INFORMANT'S NAME (7)	'ype/Print)		196	. MAILING	ADDRESS	(Street			Route Number, City or Town	n. State. Zit.	Codel		
임	JOSEPJ J. GOLDEN					. MA	PLE	ROAD		thicum, M	lary1	and	21090	
	20e. METHOD OF DISPOSITI 1 XBurial 2 Crematio 4 Donation 5 Other	(Specify)		20b. PLACE A cemetery, crer MEADO	MODATE	of Dispos ther place) OGE M	EMOI	RIAL	PARK		CATION		wn, State	
	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.													
	1/100	a Te	DM	M		41	07 V	VILKE	NS A	VENUE-BALT	CIMOR	E, M	D. 21229	
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart railure. I	List only one caus	e on each line.			the mo	de of dyl	ng, auci	h as cerdiac or respi	ratory an	re9t,	Approximete Interval Between Onset and Death	
ATION	Sequentially list condition in the sequential sequentia	diate	C 1	OFF AS A CONSECUTION AS A CONSECUTION	UENCE OF	684	~\ -\	Ar	~cs.	+			minutes	
CERTIFICATION	CAUSE (Disease or Injuthat initieted events resulting in death) LAS	Iry S	/1 /1	DR AS A CONSEC	UENCE O	F):		U > ()	C	olon-			18mos	
- 11	PART ii. Other significa	nt condition	contribution to d	leath but not a	aultin a	l= 4b	al a al al a							
EDICAL			contributing to u	eam but not re	eauting	in the un	deriyin	g cause g	liven in	Part i. 24a, WAS AN. PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
										1 YE\$ 2	□ NO		OF DEATH?	
Σ.										-			1 TES 2 NO	
₹	25. WAS CASE REFERRED TO	O MEDICAL	-				26. PL	ACE OF D	EATH (Che	ock only one)				
ည္သ ၂	EXAMINER?		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER 4 Num	3:	e 5 🗆 Ra		6 Tother (Specify)	5/20	4.0		
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF III (Month, Day	NJURY	28b. TIM	E OF	28c. INJ	URY AT	and and	28d. DESCRIBE HOW IN	JURY OC	7	<u> </u>	
B		Pending Investigation	(MORAL, Day	, reary	ING	M		RK? YES 2	NO		V		ļ	
	3 Suicide 8 .	Could not be determined	26s. PLACE OF building, at	INJURY — At horic. (Specify)	ne, term, s	street, tact	ory, offic	•		281. LOCATION (Street a City or Town, State)	nd Number	or Rural A	loute Number,	
	29a. CERTIFIER	TEVENIC BUILDING												
COMPLE										to the cause(s) and man time, data and place, and) and manner as atated,	
M M	296. SIGNATURE AND TITUE	OF SENTIFIER	Rune V	21				29c. LICE	NSE NUM	BER 200	29d. DATI	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE		27) (Type,	Print)	3 1	1	-1	X D	-W	10	12	
	31. DATE FILED (Month, Day,	ا المعادة	32. REGISTRAP	S SIGNATURE) 8	524	1	1, 6	UR	WYF. B	do	Me	10010	
	JAN 09	1992	Julia Davi	dson-Rand	486				_					

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It leam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) LEONARD WILLIAM GARRETT SR. 2. DATE OF DEATH MONTH DAY VEAR 01 - 06 - 92 5:25 P M
	LEONARD WILLIAM GARRETT SR. 01 - 06 - 92 5:25 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In ytz. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign
	247-03-3376 1 2 T 2 F 80 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 10-10-11 S.C.
N.	90. FACILITY NAME (If not institution, give street and number) 1026 N. Denta lou Street Daltmore Baltmore
5	RESIDENCE OF DECEDENT
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 DA/FIMORE 10 A/FIMORE 10 A/FIMORE
FUNERAL	1100 PENNS YANIA AVENUE #407 2/201 10g. CITIZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Merried 2 Merried 1 Never Merried 3 Never Merried 2 Never Merried 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED If yes 2 NO If yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) TRIWICR 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life on NOT use retired.) AATHTUBS AND SINKS
COM	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Symeme)
BE	(hARI) e M. (SARRETT L'II) e MC BRAYER 19a. INFORMANT'S NAME (Type(Print)
2	MARUA L Fleming 1026 N. Bentaloy St. Baltimone MD 21216
	20e. MEXMOD OF DISPOSITION 1 Ell-Sturial 2 Cremation 3 Removal from State 4 Donation 5 Office (Specify) MAKY/AND NATIONAL COMPLETY LAURE, MD
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lenvel R. WOOD FORK, FUNERAL LONG 1722 N. Cap. St. N. W. W.S. C.
	23. PART I. Enter the diseases, or complications the caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):
N	Sequentially list conditions b.
CATIC	of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury
CERTIFICATION	that initiated events resulting in death) LAST d.
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY JAB. WERE AUTOPSY FINDINGS
EDICAL	PERFORMED? AVAILABLE PRIOR TO
ă	1 VES 2 PNO OF DEATH?
	Med 20 man duplasia
¥	25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)
Sic	EXAMINER? 1 YES 2 JANO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)
Y PHYSICIAN: M	27. MANNER OF DEATH 28a. CATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)
9	296. CERTIFIER DESCRIPTION ON VOICIAN TO the heat of the least death and the size of the size of the s
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) end manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and due to the cause(a) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (North, Day, Year) DZ7860 1/2/92
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CH2 ISTOPHER D. KEDRNEY MD 700 WASH, BIVD.
	JAN 0 9 1992 Julie Devidson-Annales BALT MD ZIZ30

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTHAH		C	:KIIIF	ICALE	: OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH
	ALBERT	С.	GUNZE	T.MAN				JANUA	DV 7		YEAR	6:15A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF		177		PLACE (State or Foreign
- 1	212 05 5500	1 🔯 M 2 🗆 F	76	YRS.	MONTHS	DAY8	HOURS MIN.	(Month, C	lay, Year)		Country)
	213-07-7589	X	70	1110.					-191			<u>land</u>
~	9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY,	TOWN (OR LOCATION OF D	EATH		9c. COU	NTY OF DE	ATH
Ö	THE JOHNS	HOPKINS	HOSPITA	Τ.	BAI	LTIM	ORE CITY	7		DAT	TTMO	RE CITY
5	RESIDENCE OF DECEDENT				DIL	J 1 1 1	ORL CIT.			LDAL	LIMO	KE CITY
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY
ō	Md				Ba1	tin	nore					LIMITS?
7	10e. STREET AND NUMBER					10	. ZIP CODE			10a CIT	IZEN OF W	HAT COUNTRY?
3	4010 Elmora A	VA				- 1 -	21213					
FUNERAL	11. MARITAL STATUS										S.A.	
5	1 Never Married 2 Married	12. WAS DECEOENT FORCES? 1			13. 1	MAS OEC	ENDENT OF HISPA ecify Cuben, Mexico	NIC ORIGIN? (Specify Yee	or No-	14. RACE	- American Indian, White, etc.
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WA					MINO Specif		, www.j		Specif	
												white
Ħ	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. OE	CEDENT'S	USUAL OC	CUPATIO	ON ast of working	16b. K	ND OF BUS	SINESS/IND	DUSTRY	
<u>Π</u>	Elementery/Secondery (0-12)	College (1-4 or 5 +)	lite.	Do NOT us	se retired.)	iuring mo	ist or working	ì				a
립	12th		M	ail	Tru	ck	Driver		Post	Of	fice	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA				-100	
	George C. Gunz	elman.	Sr				Lilli				- 1	
BE		CIMOII,										
2	19a. INFORMANT'S NAME (Type/Print)	Q	198	. MAILING	ADDRESS	(Street e	nd Number or Rural	Route Number,	City or Town	n, State, Zip	Code)	
	Mrs. Isabelle	Gunzelm	an 4	010	Elm	ora	Ave.	Balto	., N	1d.	2121	.3
	20a. METHOD OF DISPOSITION		20b. PLACE	NDDATE	OF DISPOSI	TION (Na	ime of	OATE	20c. LO	CATION -	City or Toy	vn, State
	1 N Buriel 2 □ Cremetion 3 □ Remo	oval from State	Parkw	metory or o	ther place)	o+c	rt	1/1	h =	2 - 1 +	_	Ma
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	p alie	004			ND AODRESS OF FA		V L	alt	0.,	Mu.
	A TO De	Ó					ley Mi		Fune	ral	Hom	16
	Lours My	Den										d.21234
	23. PART I. Enter the disesses, or o	omplications that	caused the de	ath. Do r	ot enter	the mo	de of dying, suc	h as cardia	or respi	ratory en	nest.	Approximate
	snock, or neart failure.	List only one ceus	e on each line									Interval Between
	IMMEDIATE CAUSE (Finel disesse or condition	Aca	1 1 1 1		1							Onset and Death
	resulting in death)	DUE TO (RAI	100								(d
		DUE TO (0	OR AS A CONSEC	UENCE O	F):		,		10-			
Z		Decree	ned 1	cep	1 St	zh	52	Str	Ke			3d
은	Sequentially list conditions, if eny, leading to immediate	OUE TO (C										
3	cause. Enter UNDERLYING	Atria	1 45	rille	hon							
Ĕ	CAUSE (Disease or Injury) thet initiated evente		R AS A CONSEC	UENCE OF	T):				-			
2	resulting in deeth) LAST	Cirron	an an	The	d	150	0.0					
CERTIFICATION				7								1
	PART II. Other significent conditions	contributing to d	eeth but not re	sulting	n the un	derlying	ceuse given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Dickett-	nelet	ĸ						PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
유		1000						— ¹	YES 2	NO		DF DEATH?
Σ								_				1 TYES 2 TO NO
žΙ												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			9		26. PL	ACE OF OEATH (Ch	eck only one)				
<u>⊼</u>	1 YES 2 NO	HOSEITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗌 Realdence	& C Other (S	maniful.			
y, II		28e. DATE OF III	JURY	28b. TIM		28c. INJ		28d. OESCR	-	I II III OC	CURED	
Ě	27. MANNER OF DEATH	(Month, Day	(Vear)		URY	WO	RK?	200. 023011	DE NOW IN	SUNT OC	CONED	
	1 Natural 5 Pending	1 // 7./					ES 2 NO					
	1 Natural 5 Pending 2 Accident Investigation		/									
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be		INJURY — At hor	ne, ferm, s	treet, facto	ory, office		261, LOCATIO	ON (Street a	nd Number	or Rural Ro	oute Number,
ETED BY PHYSICIAN: M	1 Natural 5 Pending 2 Accident Investigation	28a, PLACE OF	INJURY — At hor	ne, ferm, s	treet, facto	ory, office		261, LOCATION OF T	ON (Street a lown, State)	nd Number	or Rural Ro	oute Number,
BY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	28a, PLACE OF building, et	INJURY — At hor c. (Specify)					City or 1	own, State)			oute Number,
B	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28a, PLACE OF building, et	INJURY — At hore. (Specify)	ith occurre	d at the tir	me, date	end place, and dua	to the ceuse(own, State)	ner as stat	ed,	
	1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only 1 One) 2 MEDICAL EXAMINER	28a, PLACE OF building, et	INJURY — At hore. (Specify)	ith occurre	d at the tir	me, date	end place, and dua	to the ceuse(own, State)	ner as stat	ed,	
COMPLETED BY	1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28a, PLACE OF building, et	INJURY — At hor c. (Specify) y knowledge, dea minetion end/or is	ith occurre	d at the tir	me, date	end place, and dua	to the ceuse(own, State)	ner as stat	ed. e cause(e)	
BE COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 291. BIONATURE AND TITLE OF CERTIFIER	28s. PLACE OF building, et CIAN: To the beet of ma.	INJURY — At hor c. (Specify) by knowledge, dea minetion end/or in	ith occurre	ed at the tir	me, date	end place, and dua eath occured at the 29c. LICENSE NUI	to the ceuse(own, State)	ner as stat	ed. e cause(e)	end menner as stated.
BE COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 291. BIONATURE AND TITLE OF CERTIFIER	28s. PLACE OF building, et CIAN: To the beet of ma.	INJURY — At hor c. (Specify) by knowledge, dea minetion end/or in	ith occurre	ed at the tir	me, date	end place, and dua eath occured at the 29c. LICENSE NUI	to the ceuse(own, State)	ner as stat 1 due to th 29d, DAT	ed. e cause(e)	end menner as stated.
COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. BIONATURE AND TITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WAS	28s. PLACE OF building, et al. 2015. The best of m to the best of example of	INJURY — At hor c. (Specify) y knowledge, dea minetion end/or is \[\sqrt{2} \sqrt{2} \]	ith occurre	od at the tir	me, date	end place, and dua eath occured at the 29c. LICENSE NUI	to the ceuse(e) and man	ner as stat 1 due to th 29d, DAT	ed. e cause(e)	end menner as stated.
BE COMPLETED BY	1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 291. BIONATURE AND TITLE OF CERTIFIER	28s. PLACE OF building, et al. On the best of man community cause N 600NORT	INJURY — At hor c. (Specify) y knowledge, dea minetion end/or is \[\sqrt{2} \sqrt{2} \]	weatigation	od at the tir	me, date	end place, and dua eath occured at the 29c. LICENSE NUI	to the ceuse(e) and man	ner as stat 1 due to th 29d, DAT	ed. e cause(e)	end menner as stated.

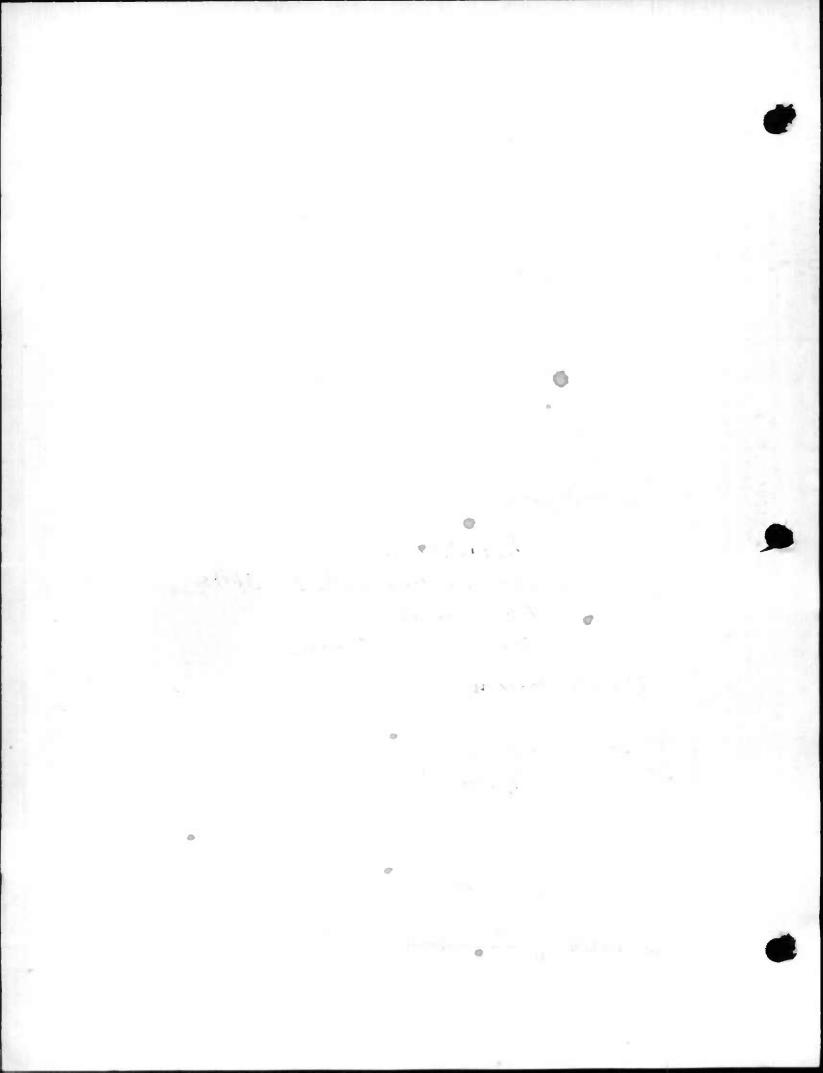
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withit? 24 hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



2

IAN 0 9 1992

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32, REGISTRAN'S SIGNATURE

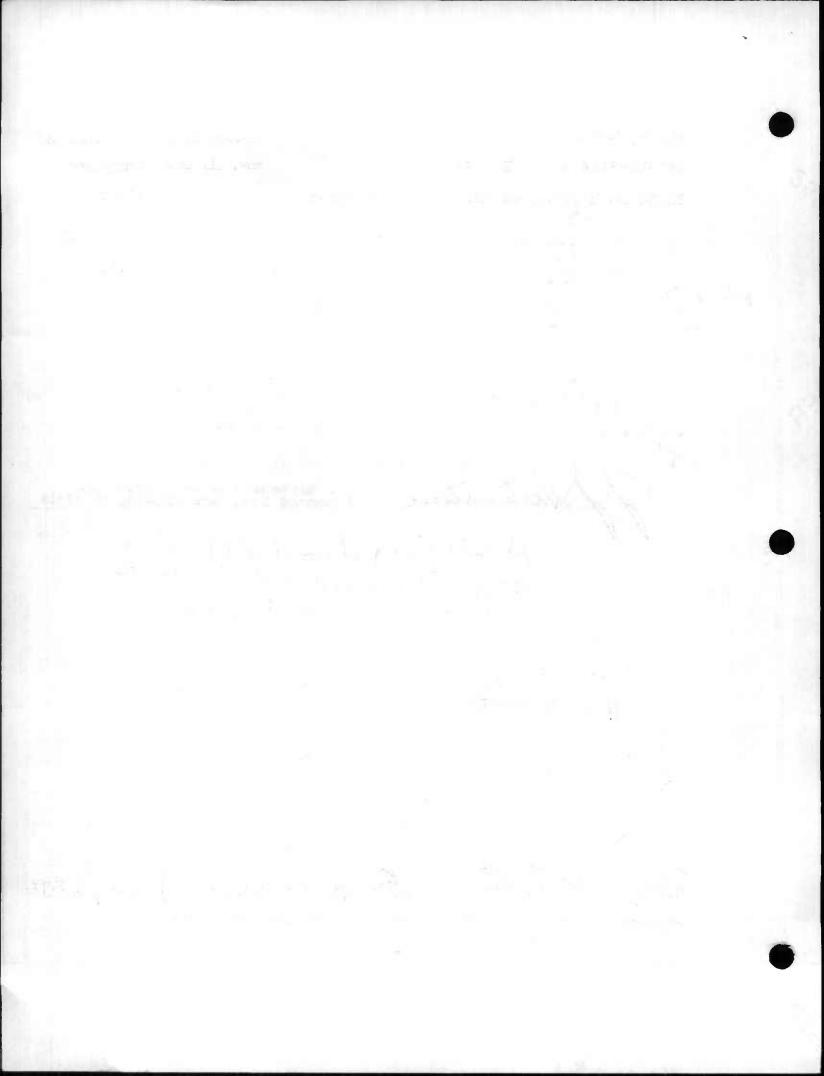
Reginald B. Gemmill, 24 Springwood Ave., Stewartstown, Pa. 17363

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗸 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITA	THE FUNERA	e filed within 7.	MPORTANT: 1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Mary L. Genmill January 1992 6:15 6. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH NOV. II, 1903 MONTHS DAYS HOURS 88 180-10-5114 A 1 M 2 X F YRS. Maryland 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give atreet and number) 96. CITY, TOWN OR LOCATION OF DEATH Baltimore 21318 Dunk Freeland Rd. Parkton DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10h COUNTY 1 TES 2 NO Parkton Baltimore Maryland 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL U.S.A. 21120 21318 Dunk Freeland Rd. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rican, atc.)

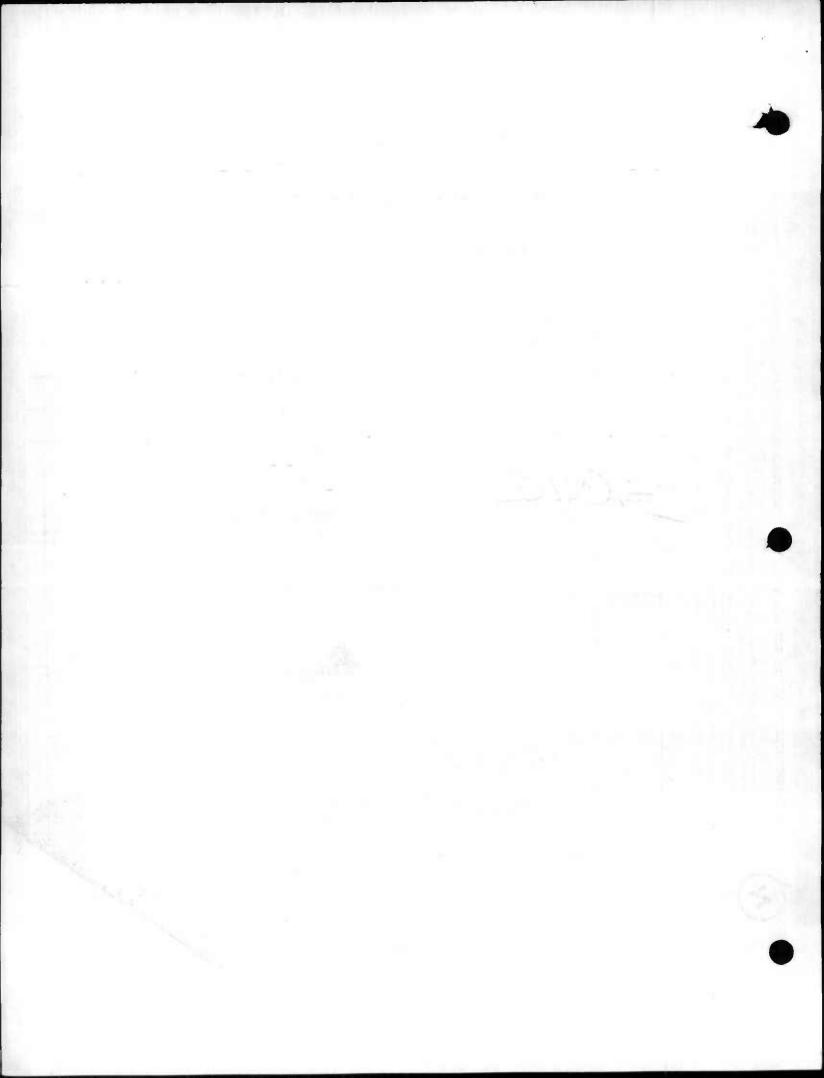
1 YES 2 NO Specify: 1 Never Merried 2 Merried BY White 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) Own Home Homemaker 6 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) Josephine O'Keefe Harry Bruce BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 21320 Dunk Freeland Rd., Parkton, MD 21120 George H. Gemmill, II 20c. LOCATION — Cify or Town, State 20s, METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cornetery, cremetory or Liberty Cemetery White Hall, MD West 4 Donation 5 Other (Specify 21. SIGNATURE OF TUNEYAL SEE 22, NAME AND ADDRESS OF FACILITY .J. Hartenstein Mortuary, Inc. 17349 Second St., New Freedom, PA elsesses, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory srrest, Approximate 23. PART I. Enter the MMEDIATE CAUSE (Finsi heart fellure. List only one ceuse on each line, Onset and Death disease or condition resulting in death) CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE CO 1 TES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA **EXAMINER?** OTHER: 4 □ Nursing Home 5 Residence 6 □ Other (Specify) 1 VES ZY NO 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending investige Netural
Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end menner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d DATE SIGNED (Month, Day, Year) BE 7290250 1992 0





tending physician.	e 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
 raye o may be retained by the hospital or 	eral director, page 5 should be detached for u	niner must be notified at once.
ייסק יישר ביו ביותר ביותר יישר יישר יישר יישר יישר יישר יישר יי	signed by the attending physician and completely filled in by the funer Health and Mental Hygiene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The same of the sa	FUNERAL DIRECTOR: After this certificate has been signed by to within 72 hours after death with the State Dept. of Health and	IRTANT: If item 28 is marked, or item 23 sho

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI CERTIFIC	MENT OF	DEATH	ND MEN	TAL HYGIEN		U	10001
	1. DECEDENT'S NAME (First, Middle, Last)	ROBERT IR				2. D	ATE OF DEATH		YEAR 2	3. TIME OF OEATH G 26D M
		M 2 □ F 6:	2 YRS.	F UNDER 1 YEAR ONTHS DAYS		in. 5-	TE OF BIRTH fonth, Dav. Year) 26-1929		BIRTHE Country	PLACE (State or Foreign INNESUTA
CTOR	UNIVERSITY OF MARY	Albert .		BAL	TIMORE			9c. COUNT	Y OF DE	АТН
DIRECTOR	MARYLAND BALT	10c. CITY, 1	TOWN OR LOCA	TION DUNDALI	K				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 78.34 KAVANAGH ROAD				222				S.A.	
B	11. MARITAL STATUS 1 Never Merried 2XX Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 V YES 2 N IF YES, GIVE WAR OR DATES KOREA			If yes, sp	ecify Cuban, M	ISPANIC ORI exicen, Puer Specify:	GIN? (Specify Year no Rican, etc.)			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	(Give kind of work life. Do NOT use n	ne kind of work done during most of working b. Do NOT use retired.)				BINESS/INDUS			
OM	17. FATHER'S NAME (First, Middle, Last)	YEARS	SALES MA	NAGEK	18. MOTHER	S NAME (Fire	BEARIN(st, Middle, Maiden		•	
BE (FLOYD GABLE				EVE	LYN RO	OUSE			
To	196. INFORMANT'S NAME (Type/Print) CLTNTON R. GARIF						Umber, City or Town			AND 21222
	20a. METHOO OF DISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State ceme	PLACE AND DATE OF C	DISPOSITION (No	nme of	D	ATE 20c. LO	CATION - CIT	y or Tow	m, Stata
	21. SIGNATURE OF FUNERAL SISTANCE LICENS	2	INT ROSE	DUDA-	-RUCK 1	F FACILITY UNERA	AL HOME E DUNDA	OF DU	NDA.	SYLVANIA LK INC. 21222
CERTIFICATION	23 PART I. Enter the diseases, or come hock, or heart fellure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF):					atory office		Approximate interval Between Onset and Deeth	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions co	entributing to death but	t not resulting in t	he underlying	g cause giver	n in Part I.	24a. WAS AN / PERFORI	MED?	0	WERE AUTOPSY FINDINGS WANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	0	26. PL	ACE OF OEATH	Check only	one)			
HYS	1 TYES 2 NO 1V	Inpatient 2 ER/Outpat		☐ Nursing Hom						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 U	RK? ES 2 NO		EŞCRIBE HOW IN	JURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, tarm, stree)	et, factory, office		281. LC	OCATION (Street ar ity or Town, State)	nd Number or I	Runal Roo	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	: To the best of my knowled	ige, death occurred at	t the time, data	and place, and eath occured at	dus to the d	cause(s) and man	ner as stated.	IUSe(S) A	and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER A abraham A	de			29c. LICENSE					Month, Day, Year)
	3.ABNAHAM 22	S. GREEN	EST B	374CT71	nore	EIN	0			
	JAN 08 1992	32. REGISTRAR'S SIGNAT	URE jundable				-			



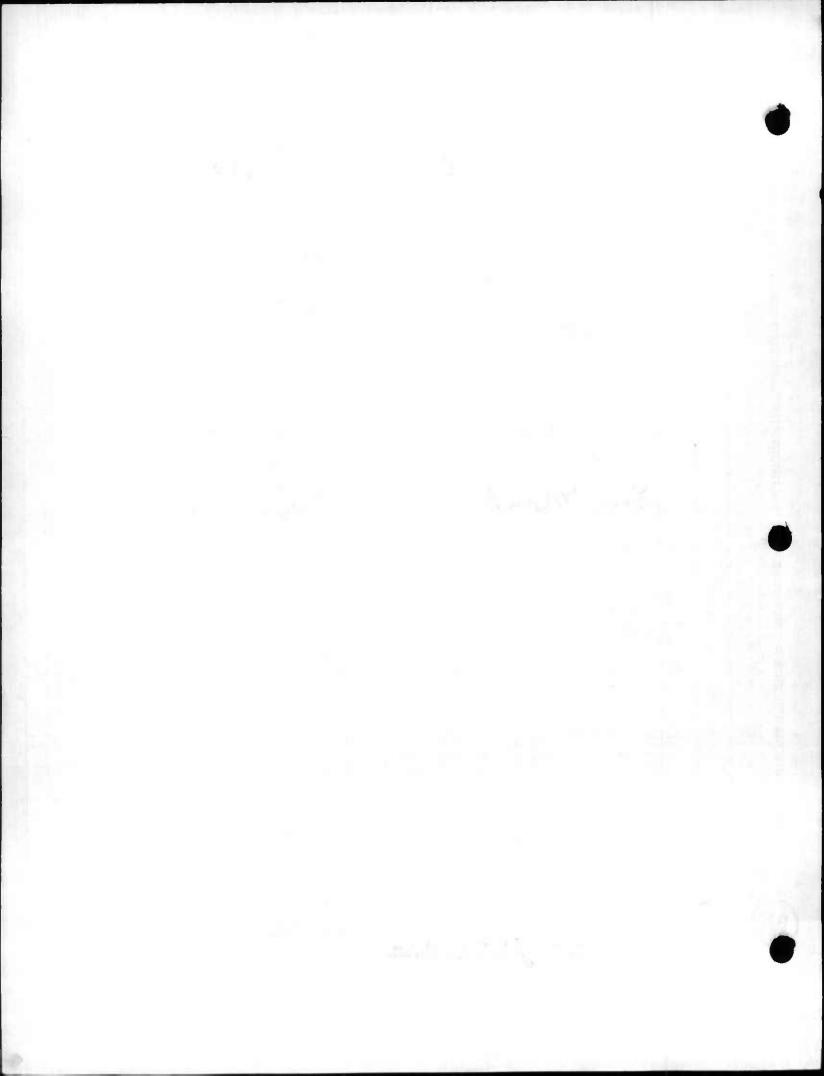
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IMPORTANT: If them 28 is marked, or tiem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	Item: 14, p FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AND CATE OF DEATH		GIENE	2 00332
	1. DECEDENT'S NAME (First, Middle, Last)	S. Haw	Kins	CATE OF DEATH	2. DATE OF DE	S. NO. ATH DAY	YEAR 3. TIME OF DEATH
	216-28-5159	1 DM 2 DF 9		IF UNDER 1 YEAR IF UNDER 24 HRS ONTHE DAYS HOURS MIN.	7. DATE OF BIRT	1/1896	8. BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street Vn) V O M M M M RESIDENCE OF DECEDENT	of and number)		B. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNT	TY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	1, 40,	10c. CITY,	TOWN OR LOCATION	-		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL		rollton	Ave	10f. ZIP CODE 2/2	23	10g. CITIZ	EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	can, Puerlo Ricen, e		14. RACE — American Indian, Black, White, atc. Black Specific
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	College (1-4 or 5+)	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	k done during most of working	16b. KIND (OF BUSINESS/INDU	STRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) (A) A			18. MOTHER'S P	IAME (First, Middle, A	Halden Surname)	•
TO E	Thyr Kield Ba	meg	306	N. Carn 11to	Ave	or Town, State, Zip o	Md 21223
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	of from State center	PLACE AND DATE OF et ry, crematory or othe	Demel Chiler	111092	Branily	wine, My
	Sala M	arch		22. NAME AND ADDRESS OF I	HW20)	bash	Ave
	23. PART I. Enter the diseases, or con	nolications that caused					
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Alppin a	consequence of:	enter the mode of dying, su	ch as cardiac or	reapiratory arre	Approximata interval Between Onset and Death
SERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A	loy a	enter the mode of dying, su	ch as cardiac or	reapiratory arre	intarval Batwean
4: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	med (DN	Part I. 24a. W	AS AN AUTOPSY REFORMED?	intarval Batwean
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in	tha undarlying cause given in 26. PLACE OF DEATH (COTTHER:	n Part i. 24a. W PP 1 U V	AS AN AUTOPSY REFORMED? ES 2 NO	interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	DUE TO (OR AS A DUE TO (OR AS A Contributing to death bu	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in	tha undariying cause given i	n Part I. 24a. W Pt 1 V	AS AN AUTOPSY REFORMED? ES 2 NO	interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause o	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death but DUE TO (OR AS A)	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in At home Jerm store	the underlying cause given is 28. PLACE OF DEATH (C OTHER: Nursing Home 5 Residence OF Y WORK? M 1 YES 2 NO	Part I. 24a. W PE 1 V heck only one) 8 Other (Specification of the control of t	AS AN AUTOPSY ERFORMED? ES 2 NO 1) 100W INJURY OCCU	interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of th	DUE TO (OR AS A DUE TO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in At home, lerm, stra ledge, death occurred	the underlying cause given in 28. PLACE OF DEATH (CONTINUED IN Nursing Home 5 Residence OF YOUNGE) 28. INJURY AT WORK? M 1 YES 2 NO set, factory, office	Part I. 24a. WPP 1	AS AN AUTOPSY REFORMED? ES 2 NO NOW INJURY OCCU Street and Number of State)	Interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause o	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death but 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special N: To the best of my knowle	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in at not resulting in 28b. Time continuous in in in in in in in in in in in in in	tha undariying cause given is 28. PLACE OF DEATH (C THER: Nursing Home 5 Residence PY WORK? M 1 YES 2 NO et, factory, office at the time, deta and place, end du in my opinion, death occured at the	Part I. 24a. W PE 1 V 1 V 1 V 28d. DESCRIBE I 28l. LOCATION (S City or Town, e to the cause(s) en	AS AN AUTOPSY REFORMED? ES 2 NO NO NO NO NO NO NO NO NO NO	Interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF	HEALTH AND	MENTA	AL HYGIEN		6.0	0033		
1. DECEDENT'S NAME (First, Middle, L FRANKL IN	est)		HOWAR	n Jr.	2. DATE MONTO	E OF DEATH	MY	year 3. TIA	AE OF DEATH		
4. SOCIAL SECURITY NUMBER 217-76-5652	5. SEX 8. AGE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	,196	BIRTHPLACE	to. Md		
90. FACILITY NAME (If not institution, g				OR LOCATION OF D	EATH		9c. COUNT	Y OF DEATH			
JOHNS HOPKINS		JB	ALTIM	ORE					-		
JOHNS HOPKINS RESIDENCE OF DECEDENT 10s. STATE 10b. COL	JNTY		alto.	City				L	NSIDE CITY IMITS? YES 2 NO		
100. STREET AND NUMBER 4406 MORAVIA	10. STREET AND NUMBER 4.4.6 MOTAVIA Rd. Apt. 1D 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. APT. 1 YES 2.4 FORCES? 1 YES 2.4 IF YES, GIVE WAR OR DATES			10f. ZIP CODE 21 206					10g. CITIZEN OF WHAT COUNTRY?		
3 Widowed 4 Divorced				ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yes, specify Cuban, Maxicen, Puerto Rican, etc.) 1 Yes, 2 NO Specify:					or No— 14. RACE — American Indian, Black, White, atc. Specify:		
15. DECEDENT'S (Specify only highest g Elementery/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	(Give kind of work life. Do NOT use re	OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Steel Worker St				siness/indus		<u> </u>			
17. FATHER'S NAME (First, Middle, Lest) Franklin	S NAME (First, Middle, Last)				ME (First,	Middle, Maiden		illip	s		
19a. INFORMANT'S NAME (Type/Print) Helen Howard	(mother)	19b. MAILING AD 44.06	ORESS (Street	and Number or Aurel	Route Num	ober, City or Tow	n, State, Zip C	to. M	d. 212		
20a. METHOD OF DISPOSITION Val Burlet 2 Cremetion 3 F 4 Donation 5 Other (Specify)		PLACE AND DATE OF Conterer, crematory or other	place)		DAT			ty or Town, Sta			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	HIY HIL	22. NAME A	NO ADDRESS OF FA				River ern A			
iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	Vorn	nd of ,	Bu	ch			ntarval Batweer		
PART ii. Other significant condit	lona contributing to death b	ut not resulting in t	ha Underiyir	ig cauaa given in	Part I.	24a. WAS AN			AUTOPSY FINDINGS		
					_0	PERFOR		DF DEA	BLE PRIOR TO ETION OF CAUSE NTH? ES 2 \(\square\) NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL:		THER:	LACE OF DEATH (Ch		_					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Vear) 0 1 / 0 3 / 9 2	286. TIME OF INJURY 1:00	28c. IN.	JURY AT DRK? YES 2 X NO	28d. DE	JECT					
3 Suicide 8 Could not datarmined		— At home, farm, atree	et, fectory, offic		28f. LOC City 7 1	or Town, State)		Aural Route Nu			
		edge, death occurred a	t the Jime, date	and place, end dua	to the car	use(e) end mer					
29e. CERTIFIER (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of my knowl INER: On the beels of examination	end/or investigation, in	n my opinion, o	death occured at the	time, date	end place, en	d due lo the c	ause(s) end m	ennar as stated.		
(Check only one) CERTIFYING PH CERTIFYING PH CERTIFYING PH CERTIFYING PH CERTIFYING PH CERTIFYING PH	INER: On the beels of examination	end/or investigation, in	n my opinion, o	29c. LICENSE NUI	ABER	end place, en	d due to the c	IGNED (Month.	Day, Year)		
(Check only one) CERTIFYING PH	INER: On the beels of examination	end/or investigation, in	n my opinion, o	O . C . M	.E.		29d. DATES	04/92	Day, Year)		

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BALTIMORE, MARYLAND 21215-0020

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_	STATE REGISTRAR ECEOENT'S NAME (First, Middle, Lest)	CERTIFICATE OF DEATH	REG. NO.
	FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYCICHE

	1. DECEOENT'S NAME (First,	Middle (ast)			<u>JEMIN</u>	IOAIL	Ol	DEA		_	IEG. NO					
										2. DATE OF		AY	YEAR	3. TIME OF DEATH		
	CAESAR 4. SOCIAL SECURITY NUME	<u>1</u>	nwood 5. SEX	6. AGE (In yrs.	Hunt		Jr			01	04	19		9:13 A M		
	4. SOURC SECONT I NOME	PEN	1 M 2 F				YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF 1 (Month, De			8. BIRTH Count	HPLACE (State or Foreign		
			-	2M0	S. YRS.					10-1	0 - 1	991	В	P: 13 A M RTHPLACE (State or Foreign unity) BALTIMORE F DEATH 10d. INSIGE CITY LIMITS? 1 K YES 2 NO F WHAT COUNTRY? ACE — American Indian, lack, White, atc. Pocity: BLACK MD. 21217 Town, Stata ORE, MD. ALHOME, P.A. P.O. BOX 4433 Approximate Interval Between Onset and Death VITY 46. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
~	90. FACILITY NAME (If not in					9b. CITY, T	O MWO	R LOCATIO	ON OF DEAT	ТН		9c. COU	NTY OF D	DEATH		
2	953 Benne	ett	Place			Ba	1 t i	imor	e							
ទួ	RESIDENCE OF DEC	10b. COUNT			1000											
DIRECTOR		100.00011	•		10c. CI1	Y, TOWN OR	LOCAT	ION						10d. INSIOE CITY LIMITS?		
	MD.					BA		IMOR						1 X YES 2 NO		
A I							101.	ZIP CODE				10g. CITI	IZEN OF V	WHAT COUNTRY?		
FUNERAL	638 NOR	TH CA	RROLLTC	ON 2nd	FLOC) R		212	1 /							
5	11. MARITAL STATUS 1 X Never Merried 2		12. WAS DECEDEN FORCES? 1	TEVER IN U.S.	ARMED	13. WA	S DECE	ENDENT O	F HISPANIC	ORIGIN? (S	pecify Yes	or No-	SITIVITY 1 9 2 9:13 A M 1 BIRTHPLACE (State or Foreign Country) 1 BALTIMORE 10d. INSIDE CITY LIMITS? 1 X YES 2 NO CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, stc. Specify: BLACK SINDUSTRY DEC. A Zip Code) LTO. MD. 21217 N—City or Town, Stata TIMORE, MD. NERAL HOME, P. 21223; P.O. BOX 4433 Farrest, Approximate interval Between Onset and Death SITIVITY SY 24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COUSE OF GEATH? 1 YES 2 NO OCCURED			
BY	3 Widowed 4 Divo	40.00	10	YES	2 10	Specify:	Puerto Micer	1, #tC.)	- 1		September State of Foreign					
										BALTIMORE 10d. INSIDE CITY LIMITS? 1 YES 2 NO ZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, atc. Specify: BLACK USTRY Code) CO. MD. 21217 City or Town, Stata EMORE, MD. ERAL HOME, P.A. 223; P.O. BOX 4433 est, Approximate interval Between Onset and Death TIVITY 24b. WERE AUTOPSY FINDINGS AMMILABLE PRIOR TO CAUSE OF GEATH? 1 YES 2 NO URED OF Rural Route Number, add.						
COMPLETED	15. DECI (Specify only	(Give kind of	USUAL OCC	UPATIO	N it of workin	a	16b. KIN	D OF BUS	SINESS/IND	PYEAR 1992 9:13 A M BIRTHPLACE (State or Foreign Country) BALTIMORE C. COUNTY OF DEATH 10d. INSIGE CITY LIMITS? 1 X YES 2 NO 11d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK SSS/INDUSTRY 12d. RACE — American Indian, Black, White, stc. Specify: BLACK 12d. RACE — American Indian, Black, White, stc. Specify: BLACK 12d. RACE — American Indian, Black, White, stc. Specify: BLACK 12d. RACE — American Indian, Black, White, stc. Specify: BLACK 12d. RACE — American Indian, Black, White, stc. Specify: BLACK 12d. RACE — American Indian, Black SSS/INDUSTRY 12d. RACE — American Indian, Black SSS/INDUSTRY 12d. RACE — American Indian, Black SSS/INDUSTRY 12d. RACE — American Indian, Black SSS/INDUSTR						
Ë	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)			-				SITIVITY 2 9: 13 A M a. BIRTHPLACE (State or Foreign Country) BALTIMORE 10d. INSIDE CITY LIMITS? 1 K YES 2 DO 1. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, atc. Specify: BLACK S/INDUSTRY The Authority of Town, State LTIMORE, MD. JNERAL HOME, P.A. 21223; P.O. BOX 4433 y arrest, Approximate interval Between Onset and Death DSITIVITY 24b. WERE AUTOPSY FINDINGS ANABLETION OF CAUSE OF GEATH? 1 YES 2 NO COCCURED The Country of Pour Number, The Country of Town, State Approximate interval Between Onset and Death DSITIVITY COCCURED The Country of Pour Number, The country of Death COCCURED The Country of Death A M 10 SITIVITY 1 YES 2 NO The Country of Death COCCURED The Country o			
M					UNE	MPLOY	ED									
8	17. FATHER'S NAME (First, Mi							18. MOTH	ER'S NAME	(First, Middle	s, Maiden	Surname)				
BE	CAESAR	_	SR				V A	NESS	SA HA	RGR	OVE					
2	19a, INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	ADDRESS (S	Street an						Code)			
-	VANESSA	HARC	GROVE		638	NORTH	C.	ARRO	LLT	ON AV	E.	BALT	.01	MD. 21217		
	20a, METHOD OF DISPOSITI		comi from Casta	20b. PLAC	EANDDATE	OF DISPOSITI	ON (Nan	ne of		OATE	20c. LO	CATION -	City or To	wn, Stata		
	4 Donation 5 Other	(Specify)		- Cemetery, o	. ZI	ON CE	ME	TERY	7		В	AT.TT	MOR	E MD		
ĺ	21. SIGNATURE OF FUNERAL	BEHINGE LK	CENSEE				_		S OF FACIL	.ITY		211111	LIION	.11, 111.		
8	PO M D4	de	() (~~	١											
	JOSEPH H. BROWN JR. FUNERAL HOME, P. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate															
CERTIFICATION	Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST ORGANIZING PNEUMONIA IN ASSOCIATION WITH HIV POSITIVITY DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
	PART ii. Other significan	nt condition		4-4-1												
MEDICAL	order organical	it condition	e contributing to	deeth but not	gnisiueer	in the unde	rlying	ceuee g	iven in Pa	rt i. 24a.	PERFORI		24b.			
ă										_ 1 🗆	YES 2	□ NO				
										_				1 TYES 2 NO		
ž I																
3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				26. PLA	CE OF DE	ATH (Check	only one)						
ZS	1 X YES 2 NO		1 Inputient 2	ER/Outpatient	3 🗆 DOA	OTHER:	Home	5 K) Res	idence 6 [Other (Spe	ecify)					
PHYSICIAN:	27. MANNER OF DEATH	^	26a, DATE OF (Month, Da		28b. TIM	E OF 28 URY	c. INJU		20	d. DESCRIB	E HOW IN	JURY OCC	URED			
BY	1 Natural 2 Accident	Trestigation	(11107117)	ay, roury	1111		WOR		NO							
		Could not be	28e. PLACE OF	F INJURY - At I	homa, farm, s	treet, factory.	office		21	Bf. LOCATION	Street a	nd Number	or Rural R	oute Number		
		etermined	building,	etc. (Specify)						City or Tow	vn, State)			•		
ן ב	29a. CERTIFIER 1 CERTI	FYING PHYSI	CIAN: To the heat of	mu bassatata	a will be											
COMPLETED	(Check only one) 2 K MEOIC	CAL EXAMINE	CIAN: To the best of R: On the besis of an	iny knowledga, c camination and/o	r investigation	o at the time	, date e	nd place,	end due to	the cause(s)	and men	ner ee atate	ed.			
					- Janyano	, my opin					place, and	gue to the	ceuse(e)	and menner as stated.		
296. SIGNATURE AND TITLE OF CHITIPPER										SIGNEO	(Month, Day, Year)					
o L	20 NAME AND ADDRESS				0.0	. M . 1	Ε.		1	= 05	1992					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															
	TIUTINIC		Mene?	// 1	11 P	enn S	tr	eet.	Ва	1 time	re	Mars	vlan	d 21201		
	JAN 0 9	delle									21201					
			4	-	-											

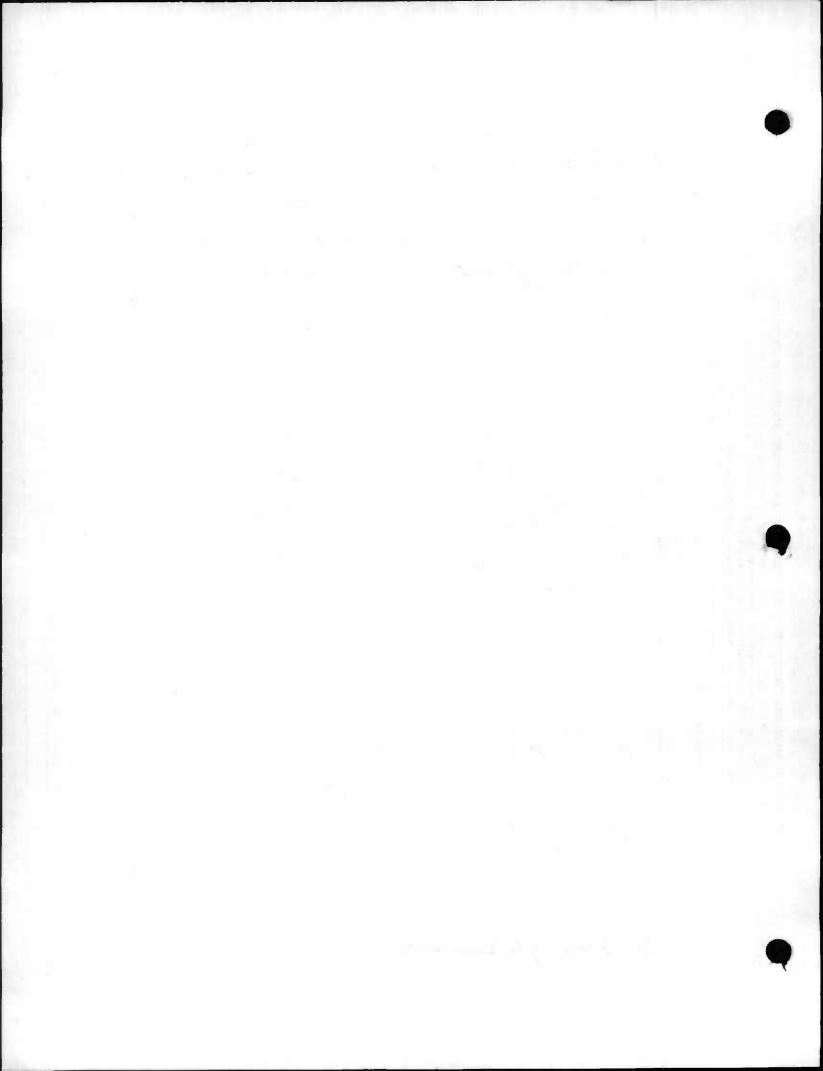
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after	TO THE CHANGE AND CONTINUES After this partificate have been discounted by the attendion of an and assembled. Blind in the statement of the continues of the co
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	1. DECEOENT'S NAME (First, Middle, Last	11 11	4				DATE OF DEATH	YEAR 3. TIME OF DE					
	Clizabe	YA MARA					1 6 92 6:33						
	4. SOCIAL SECURITY NUMBER 214-24-0851	5. SEX 6.	AGE (In yrs. lest bi	YRS. WONTH			DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Country)					
	9a. FACILITY NAME (If not institution, give				TY, TOWN OR LOCA	TION OF DEATH	5-16-17	COLUMN C					
E O	Bon SEcous Hos	ital			Rattino	-	13	altinore					
ЕСТОЯ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN						17	41/11/-01					
DIRE	100. STATE	IIV.	1	10c. CITY, TOWI	N OR LOCATION	PLETO	11/0	10d. INSIDE CIT					
	10e. STREET AND NUMBER			2501	101. ZIP CO	IN MO	Jan Citi	1 NES 2 ZEN OF WHAT COUNTRY?					
FUNERAL	2507 IN-Fa	iR Houn	et as	re	2	1223	3 1						
5	11. MARITAL STATUS	12. WAS DECEDENT EV		D 1	3. WAS DECENDENT	OF HISPANIC	ORIGIN? (Specify Yes or No-	14. BACE — American Inc					
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		10	If yes, specify Cu		uerto Rican, atc.)	Black White, atc. Specify:					
ED	15, DECEDENT'S ED	UCATION	16a DECE	DENT'S USUAL	OCCUPATION		Las vine ee a since	BLACK					
ETE	(Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of work dor NOT use retired	ne during most of wor	king	16b. KIND OF BUSINESS/IND	USTRY					
릴	(12)	Conlege (I-4 til 5 4)	is 16	etir	O A LINE	MPLOYED	y_ 4>						
COMPL	17. FATHER'S NAME (First, Middle, Last)		p A				(First, Middle, Meiden Surname)						
BE	JAMES HARRI	S	*				HARRIS						
2	19a. INFORMANT'S NAME (Type/Print)	DIC					e Number, City or Town, State, Zip						
	LUCILLE HAR	KIS				ST. BAI	LTIMORE, MD.						
	20a. METHOD OF DISPOSITION 1 Name of Commetter Commette												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1913 UN 1861												
	23 PART I/Enter the diseases, or	complications that ca	used the deeth		Vas 11.12	Brown	1/r F/HE						
	23 PART I/Enter the diseases, or	complications that can be caused.	in each line.	n. Do not ent	Vas 11.12	Slow	1/r F/HE	est, Approximinterval I Onset an					
ERTIFICATION	23 PART I. Enter the diseases, or shock, or heart failure immEDIATE CAUSE (Final disease or condition	Complications that can be caused to the cause of the caus	on each line.	n. Do not ent	Failure	Slow	1/r F/HE	est, Approxim					
٥	23 PART L'Enter the diseasea, or shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO (OR d.	AS A CONSEQUE	n. Do not ent ENCE OF): ENCE OF): ENCE OF):	Failure u acc	Blown lying, auch ad du den7	a cerdiac or respiratory arrows to be be be be be be be be be be be be be	est, Approxim					
٥	23 PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	DUE TO (OR d.	AS A CONSEQUE	n. Do not ent ENCE OF): ENCE OF): ENCE OF):	Failure u acc	Blown lying, auch ad du den7	a cerdiac or respiratory arrows t 1. 24a. WAS AN AUTOPSY PERFORMED?	est, Approximinterval i Onset an Onset an Approximinterval i Onset an Approximation of the Autopsy Available Prior Completion of					
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COMPLETED BY PHYSICIAN: MEDICAL C	23 PART L'Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other eignificent conditions. 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Actural 5 Pending Investigation 3 Suicide 8 Could not be determined. 29a. CERTIFIER (Check only) 1 CERTIFYING PHY:	Complications that can be caused. List only one cause of the List only one cause of the List of the Li	AS A CONSEQUE AS A C	DOA OTHIDOA 4 NOT ME MADE OF STREET OF STREET,	er the mode of control of the mode of the mode	Plowing, auch and supplied to the supplied to	t I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Other (Specify) d. DESCRIBE HOW INJURY OCC II. LOCATION (Street and Number City or Town, State) he cause(a) end manner as state, date and place, and due to the	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URBEO URBOO OF Rural Route Number,					
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR						REG. NO.							
-	1. DECEDENT'S NAME (First, Sylvia	Blanc	ho Ho	oper						MONTH	OF DEATH	992						
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	not hirthrian)	IF UNDE	2 4 VEAR	IF UNDER 2	A MOR	Jan	. 7, Î		BIOTHOL					
	215-18-75		1 M 2 X F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	16/192	1	Country)	vland				
	9a. FACILITY NAME (If not in		71	70		9b. CITY	TOWN C	R LOCATIO	N OF DE		10/132							
DIRECTOR	North Aru	ndel H						Burn										
EC	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10					
PHO	Maryland	Ann	e Arunde	1 ×	L	inth	icum	1					1					
	10e. STREET AND NUMBER						101	ZIP CODE				10g. CITIZ	EN OF WH	AT COUNTRY?				
ER.	2 Pata	psco R	oad,					2	2109	90			USA	IRTHPLACE (State or Foreign portry) Maryland F DEATH Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 M NO OF WHAT COUNTRY? SA RACE — American Indian, Black, White, etc. Specify: White RY Orton 10 21090 Town, State ie, Maryland lyn Md. 21225 Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	Married	12. WAS DECEDEN	TEVER IN U.S. A YES 2 K	RMED NO		If yes, sp	ENDENT OF city Cuban 2 NO	, Mexica	n, Puerto F	? (Specify Yes Rican, etc.)	or No-	a. BIRTHPLACE (State or Foreign Country) Maryland UNTY OF DEATH THE Arundel 10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO TIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, Whita, etc. Specify: White NDUSTRY 1 Horton 20 Code) 1 and 21090 - City or Town, Stata urnie, Maryland Ooklyn to., Md. 21225 Approximata interval Between Onset and Death Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PINIOR TO COMPLETION OF CAUSE OF DEATH?					
	15. DEC	ECEDENT'S	USUAL C	CCUPATIO	N		16b.	KIND OF BUS	INESS/INDU	STRY								
COMPLETED	Flementary/Secondary (C 10th Grade	y highest grade 0-12)	+)	Give kind of the Do NOT u mema k	work done ise retired.)	during mo	at of working	7		Housew								
	17. FATHER'S NAME (First, M. William		Horton								abeth		LIMITS? 1 YES 2 M NO TIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White IDUSTRY I Horton Ip Code Code) Code of Town, State Urnie, Maryland Ooklyn to., Md. 21225 Interval Between Onset and Death					
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Run										ute Number, City or Town, State, Zip Code)							
	20s. METHOD OF DISPOSITION **TOTAL City or Town, State of Donation 5 of Other (Specify) 20s. PLACE AND DATE OF DISPOSITION (Name of Cambridge of Cambridge) 20s. PLACE AND DATE OF DISPOSITION (Name of Cambridge																	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225																	
	23. PART I. Enter the dahoot, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart failure.	List only ons ca	ese on each lie	ca	40							at,	interval Between				
N	DUE TO (OR AS A CONSEQUENCE OF):																	
CATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury																	
ERTIFICATION	that initiated events reaulting in death) LAS	эт [d	OR AS A CONS	EOUENCE (OF):				_								
PHYSICIAN: MEDICAL C	PART II. Other algnifica	t resulting	in tha u	nderlyin	g cause g	iven in	Part i.	24a. WAS AN PERFOR 1 YES 2		6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
M	25. WAS CASE REFERRED T	TO MEDICAL			_		26. PI	ACE OF DE	EATH (C)	neck only or	ne)							
SIC	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu	R:	ne 5 🗆 Res	Thomas .	N	South Laboratory							
	27. MANNER OF DEATH	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Dey, Year)					28c. IN.	URY AT			SCRIBE HOW I	NJURY OCC	URED					
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28s. PLACE building	OF INJURY — At I, etc. (Specify)	home, farm,	, street, fa	ctory, offic	•			CATION (Street or Town, State)		or Rural Ro	ute Number,				
COMPLETED	cont only		ICIAN: To the best of											and manner as stated.				
BE	29b. SIGNATURE AND TITLE	E OF CERTIFIE	2 l	ah	and	2	UI.	29c. LICE	NSE NU	MBER 3 8		29d. DATE	SIGNED (Month, Day, Year)				
5	30 NAME AND ABORESS O			7					-				/ /	/				

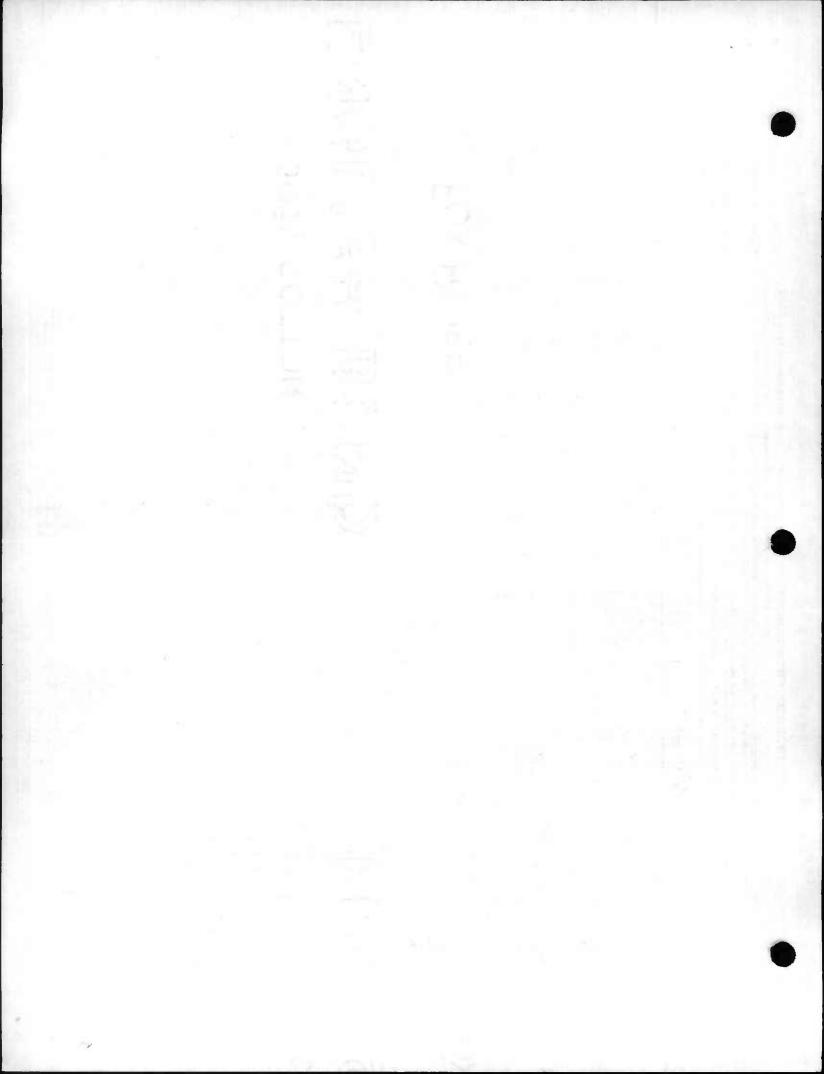
21061

29c. LICENSE NUMBER
0 2 9 3 8 ano 30. NAME AND ABORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Dr. Mayer Gorbaty, M.D.95 Aquahart Rd., Glen Burnie, Md.

JAN 0 9 1992

102, REGISTRAP'S SIGNATURE TUNE DAY DOWN HONDOW





DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a starter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Merdal Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF					R	YGIENE EG. NO.		00337	
	1, DECEDENT'S NAME (First, Middle, Last)	EMILIE E	. JOHN	SON				JAN .	4,199	2 YEAR 3.	10 50 P	
	4. SOCIAL SECURITY NUMBER 213-32-1141		n yrs. lest birthday) O YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS. MIN.	7. DATE OF B (Month, Day		Country)	ACE (State or Foreign	
NC.	9a. FACILITY NAME (If not institution, give st CHURCH HOME						RE,	CITY	9c. COL	INTY OF DEAT		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MD •	,	10c. CIT	y, town o	BAL	rimo		CITY		1)	d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 101 NORTH BO			101	f. ZIP COD		231	10g. CIT	U .	S . A .		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced		f yea, sp	ecify, Cubi	OF NISPAN an, Mexica Specify	n, Puarto Rican	pecify Yea or No— i, atc.)	Black, V	American Indian, white, atc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u HOUSE	work done is se retired.)	during mo		ing	16b. KIN	OWN F			
COMP	17. FATNER'S NAME (First, Middle, Last) ROBERT NEILSON	I BLACKFORD		*****				ME (First, Middle E MCC)	s, Meiden Surname)	IOHE		
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS . ANNE J . (and Numbe	or or Rural I	Route Number, C	TON, MD.		04	
	20e, METHOD OF DISPOSITION 1	oval from State GR	PLACE OF DISPO other place) EEN MT	. CI	REMA	ATOR	Y 1		BALTIN	ORE,	ORE, MD. 21202	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 HENRY W. JENKINS AND SONS. BALTO, MD											
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	d									O D	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 3- NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	Particular Control		R: sing Nor	ne 5 🗆 R		8 Other (Sp	7-021	nemes	+ (exter	
ВУ										er or Rural Rou	te Number,	
BE COMPLETED	296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED (Mg/rtl)											



30. NAME AND ADDRESS OF PERSON

ALCA SCLICK

31. DATE FILED (Month, Day, Year)

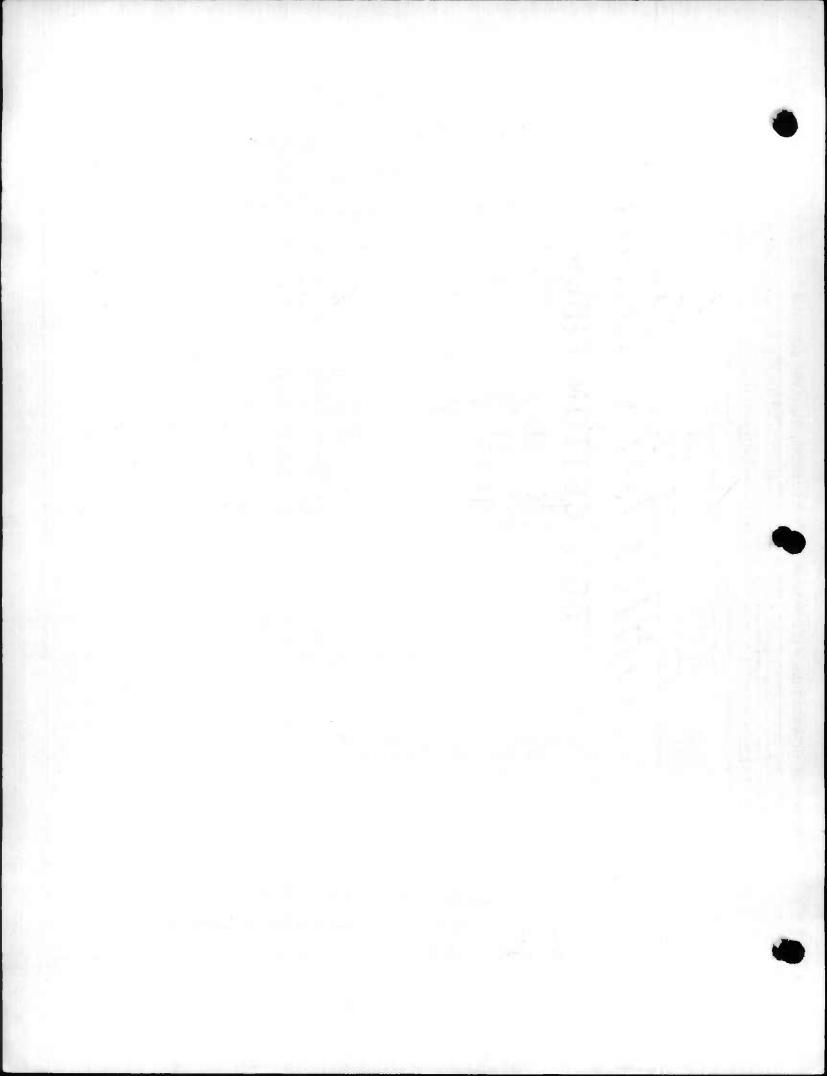
AN 0 9 1992

RSON WNO COMPLETEO CAUSE OF DEATH (ITEM 27) (17:00, Print)

32. REGISTRAR'S SIGNATURE
Sula Davidson Randale



2029



	HEGISTRAH		CCRITTI	CATE OF	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Louis P.	Krach Si				January 8		YEAR				
	4. SOCIAL SECURITY NUMBER 216-07-4340	1 × M 2 □ F 7	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 13. 19		BIRTHPLACE (State or Foreign Country)				
-	9e. FACILITY NAME (If not institution, give st			9b. CITY, TOWN	OR LOCATION OF			Y OF DEATH				
CTOR	1 Airway Circle	Apt. 3 C		Tows	on		Balt	imore				
DIREC	10a. STATE 10b. COUNTY	Baltimore		TOWN OR LOCA	TION			10d. fNSIDE CITY LIMITS? 1 YES 2 NO				
ERAL	1 Airway Circle	Apt. 3 C.		10	1. ZIP CODE 21204			IN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, sp	CENDENT OF HISPA ecify Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yer cen, Puerto Rican, etc.)	or No-	RACE — American Indian, Black, White, etc.				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	IIIe. Do NOT use	ork done durina mi	ast of working	166. KIND OF BU		emorial Cem.				
E COM	17. FATHER'S NAME (First, Middle, Last) Ernest August Kra	ach			16. MOTHER'S N	AME (First, Middle, Meiden a Rettberg		omor zuz ochi.				
examiner must be notified at once. TO BE COM	199. INFORMANT'S NAME (Type/Print) Muriel E. Krach		196. MAILING A	ADDRESS (Street of			n, State, Zip Co	21204				
must pe	20e. METHOD OF DISPOSITION 1 Devries 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State											
схашпе	21. SIGNATURE OF FUNERAL SERVICE CENSEE Hilltop Service Corp. Jan. 9, 1992 Towson. Md. 22. NAME AND ADDRESS OF FACILITY 5305 Harford Road Baltimore, Md. 21214											
and the manner of	I Leonard J. Ruck, Inc. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Betwoen the cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
JICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST b. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
EDICAL C	PART II. Other algnificant conditions	contributing to death t	out not resulting in	the underlying	g cause given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE				
MEC												
AN	25. WAS CASE REFERRED TO MEDICAL			28 Pt	ACE OF DEATH (C)	haak ash, seel						
SICI/		HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:		8 Other (Specify)						
BY PHYSICIAN:	27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28d. DESCRIBE HOW II	JURY OCCUR	RED							
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stro	eet, factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,				
BE COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the besie of examination	ledge, death occurred n end/or investigation,	at the time, date	end piece, end du	e to the cause(e) end men	ner se steted.	euse(s) end manner ee stated.				
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	一人人			29c. LICENSE NU	MBER		IGNED (Month, Day, Year)				
0	30 NAME AND ADDRESS CO.				D27	130	> 1	18/92				
	30. NAME AND ADDRESS OF PERSON WHO Gary Cohen, M.D.	G.B.M.			reet T	lowson, Mar	vland					

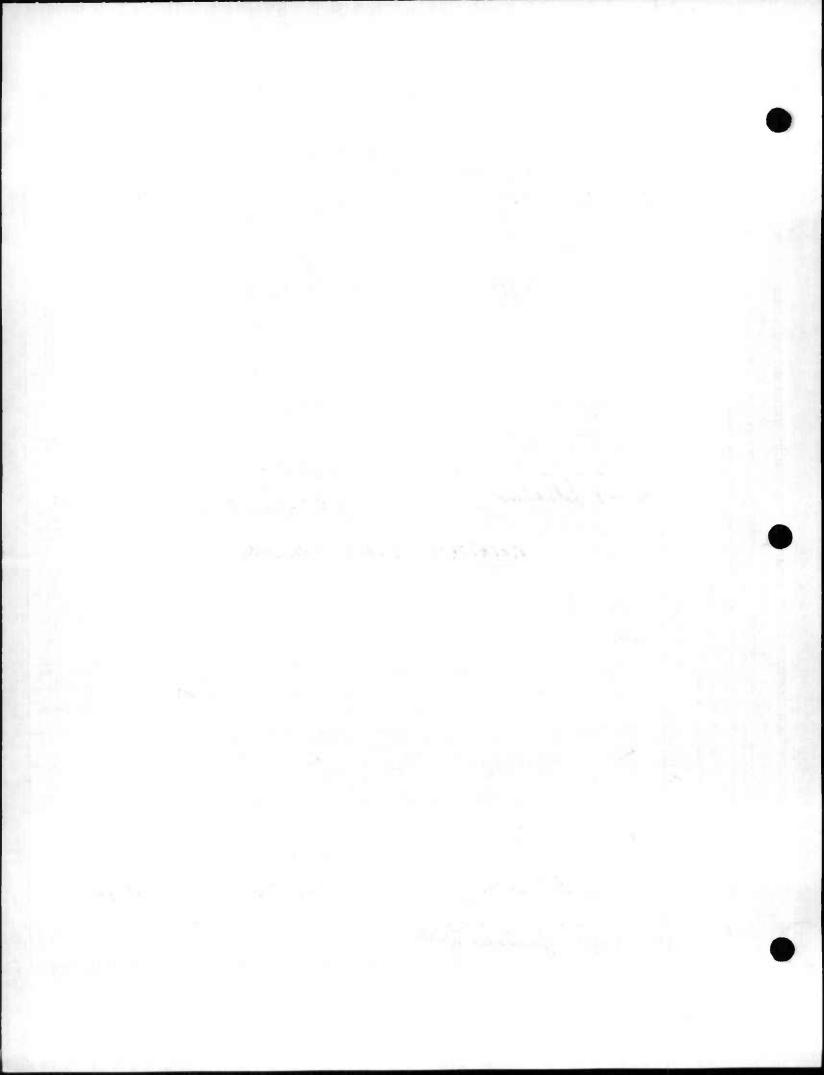
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hintal-tran	in, or removal,	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
executed within 2	n and completely	to burial, crematic	matic event, th
eath certificate be	attending physician	ntal Hygiene prior 1	y, or other trau
requires that the d	en signed by the	of Health and Me	shows any injur
SICIAN: The law	certificate has b	h the State Dept.	d, or item 23
ATTENDING PHY	ECTOR: After this	s after death wit	28 is marke
HE HOSPITAL OR	HE FUNERAL DIR	ed within 72 hour	DRTANT: If Item

IMPORTANT: If

223

BE

2

92 00339 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 07:50 AM 2. DATE OF DEATH 07 ANDREW KNAPP (NMN) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTHPLACE (State or Foreign 1 📈 M 2 🗌 F 200-14-4039 YRS 1-13-26 PENNSYLVANIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT toe STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8045 WINDING WOOD ROAD 21061 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If was anaelfy Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 X Merried If yes, specify Cuben, Mexican, Puerto Ri
1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced W.W.II WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 YEARS **4YEARS** LETTER CARRIER U.S. POST OFFICE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANDREW KNAPP B AGNES KOLONECNY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MADELYN KNAPP 8045 WINDING WOOD ROAD, GLEN BURNIE, MD 21061 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE METRO CREMATORY 1+8-92 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
SINGLETON FUNERAL HOME ary SECOND AVE. S.W. GLEN BURNIE. MD 21061 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervel Between IMMEDIATE CAUSE (Finel Onset and Death diseese pr condition_ DUE TO (OR AS A CONSEQUENCE OF) 2 WOBE resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Men TH Sequentially liet conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not reculting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION DF CAUSE 1 TES INO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 TYES 2 NO 100 Inpatient 2 - ER/Outpatient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 Homicide

2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAMES T. MCMULLEN, M.D. / 7706 QUARTERFIELD ROAD/GLEN BURNIE, MARYLAND/

29c. LICENSE NUMBER

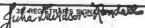
29e. CERTIFIER

(Chack note of the course of

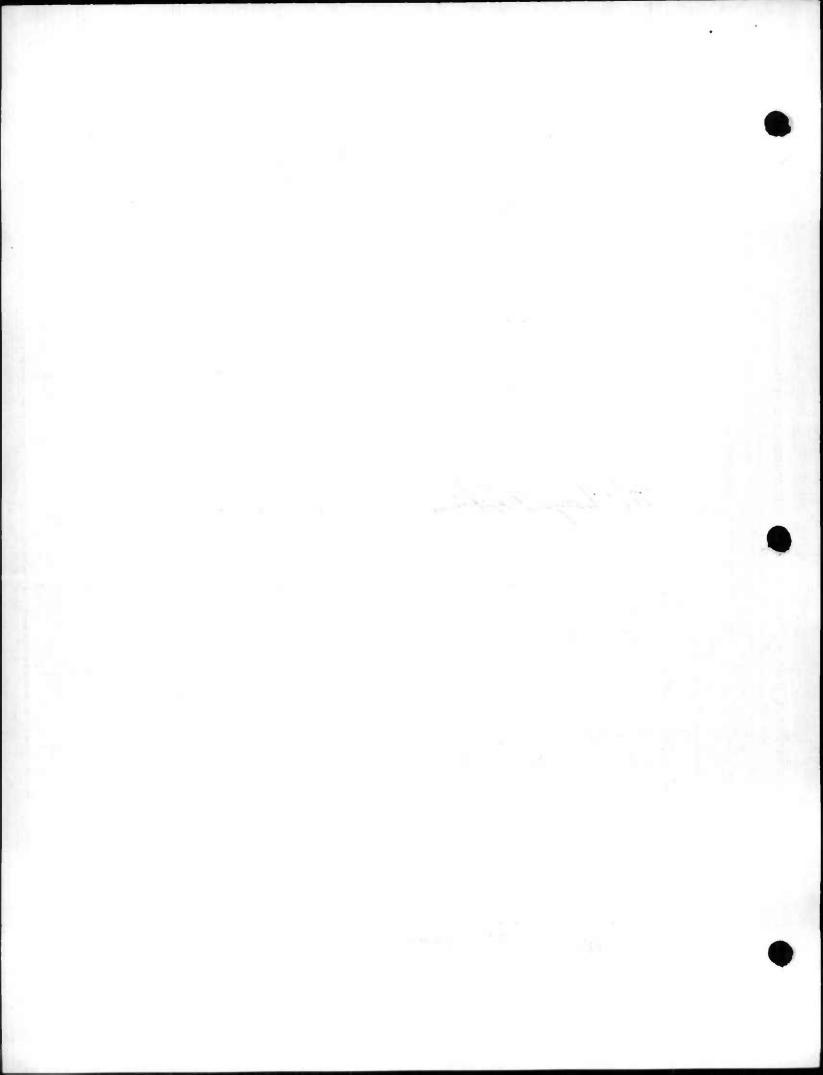
2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place,

JAN 0 9 1992

296. SIGNATURE AND TITLE OF CERTIFIER



294. DATE STONED (MOUNT, Day, Huar)

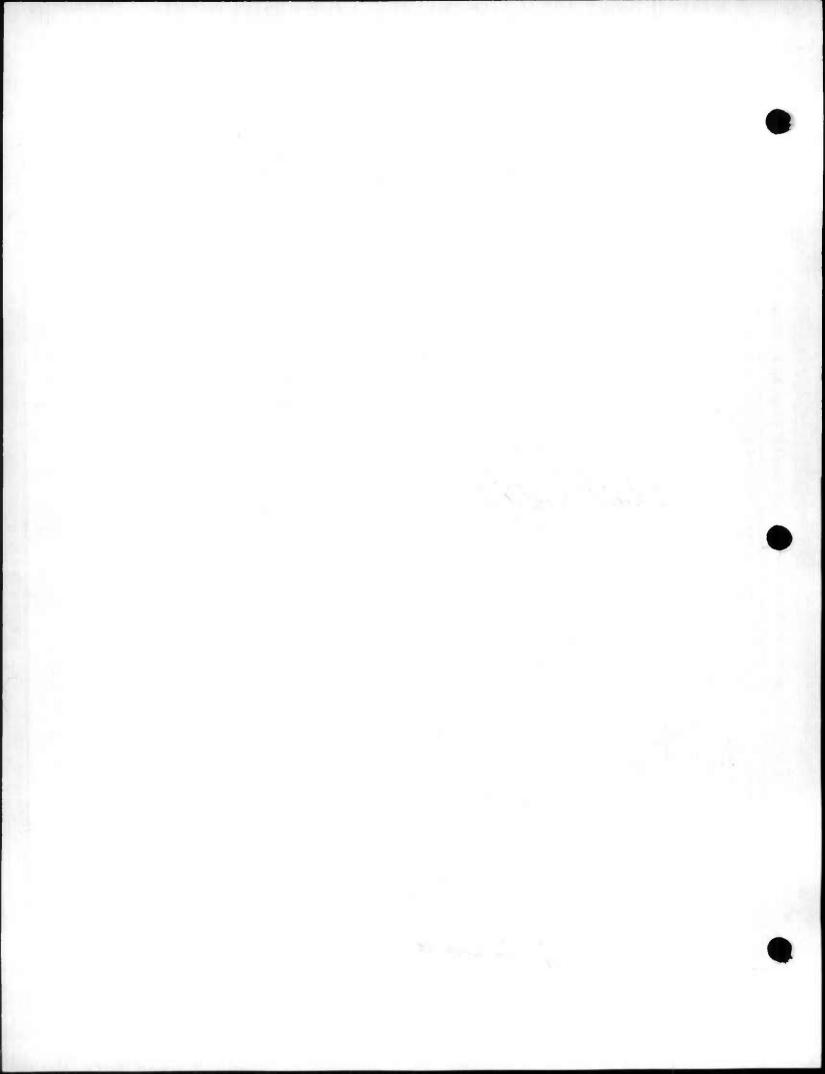


	FOR 1 STATE	STATE OF N	IARYLAND	/ DEPAF	RTMEN	IT OF H	IEALTH	AND	MENTAL HYGIEN	9	2 (0034	0		
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		С	ERTIF	ICAT	E OF	DEA	ТН	REG. NO						
	LILLIAN E. KI								MONTH DEATH	AY	YEAR	3. TIME OF DE			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	at birthdal	IF LINDS	R 1 YEAR	IF UNDER	24 MDC	7. DATE OF BIRTH		92	HPLACE (State or	C.		
	212-09-6319	1 ☐ M 2 🎇 F	77	₩RS.	MONTHS		HOURS	MIN.	(Morith, Day, Year) OCT.2,191	4	Count	RYLAND	roreign		
	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D			UNTY OF C				
OR	ST. AGNES HOSP	ITAL			BA	LTIM	ORE								
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CI	TY		
	MARYLAND				В	ALTI	MORE					LIMITS?			
FUNERAL	100. STREET AND NUMBER 3627 COOLIDGE A	UENIIE				101	2122					WHAT COUNTRY			
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	\ 13	WAS DEC			NIC ORIGIN? (Specify Yes	_					
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 X	NO		If yes, sp	ecify Cube	n, Mexico	n, Puerto Rican, atc.)	or No		A.c.				
8	15. DECEDENT'S EDU (Specify only highest grad	16a. D	ECEDENT'S	USUAL	OCCUPATIO	ON		16b. KIND OF BUS	SINESS/IN	U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: WHITE ESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+		Give kind of a b. Do NOT us	work done se retired.)	during mo	st of working	ng							
MP	8TH GRADE		HO	MEMAI	KER										
	17. FATHER'S NAME (First, Middle, Last)	D. Thi							ME (First, Middle, Maiden						
BE	GEORGE W. GOUL	DIN					MYR'	rle i	M. TWEEDAL	E					
5	19a. INFORMANT'S NAME (Type/Print) JAMES M. KENNEDY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 3839 WILKENS AVENUE—BALTIMORE, MD. 21229														
	20a. METHOD OF DISPOSITION 1X Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) NEW CATHEDERAL CEMETERY 1/11 BALTIMORE														
	21. SIGNATURE OF FUNDRIAL SERVICE OF	med))		22 H	UBBA	D ADDRE	SS OF FA		С.		MTD 212	20		
	23. PART i. Enter the diseases, or	complications thet	ceused the d	eath. Do r	not ente	r the mo	de of dy	ing, euc	h se cerdiec or respi	ratory er	rrest,	Approxi			
	iMMEDIATE CAUSE (Finel disease or condition	Liet only one ceu	e on each lin	Phr	to	14	011	a	Aculo	- 18	7.12	Onset a	Between		
	resulting in deeth)	Solver Die 10	OR AS A CONSE	DAY (5	CH	hen	,	1,500	10	-2	- M	> -		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	iny, leeding to immediate													
TFIC	CAUSE (Diseese or Injury thet initieted events	QUE TO	ON AS A CONSE	QUENCE OF	W.	L	100		encoper	MIC	A	5			
CERI	resulting in death) LAST	a du	Bus		120	IM	5,	0	8400	10	Mu	100	•		
Ä	PART II. Other significant condition	ns contributing to	death but not	resulting	in the u	nderlying	g cause (given in	Part I. 24s. WAS AN PERFOR		246	WERE AUTOPSY AWALABLE PRIO			
<u>ă</u>	-								1 □ YES 2	1		OF DEATH?			
PHYSICIAN: MEDICAL					_							1 □ YES 2 ₽	NO		
AN	25. WAS CASE REFERRED TO MEDICAL				_	14 Di	ACE OF D	MATERIAL STATE	ack only one		_				
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 1	DOA	OTHE	R:	100		# [] Other (Specify)						
₹	27, MANNER OF DEATH	20s. DATE OF	NJURY	26b. TIM	E OF	25c, INJ	URY AT	aidence	28d, DESCRIBE HOW II	JURY DO	CURED				
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month; De	g: mary	INC	URY M		ES 2	NO							
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF building, e	INJURY — At he de. (Specify)	ome, tarm, s	dreet, fec	tory, affice	N.		28f. LOCATION (Street a City or Reen, State)	nd Numbe	e or Rural F	Route Number			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of r	ny knowladge, de	eath occurre	d at the	time, date	and place,	and due	to the cause(e) end man	ner ea sta	rted.				
OM	one) 2 MEDICAL EXAMINE	R: On the basis of axi	amination and/or	Investigatio	n, In my	opinion, de	eath occur	ed at the	time, date and place, and	due to ti	ha ceuse(s	i) and manner as	stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE		12	20			29c. LICE					(Month, Day, Year			
0	TO HAME AND ADDRESS OF DESCRIPTION	4	151	3				>31	322	•	1/	8282			



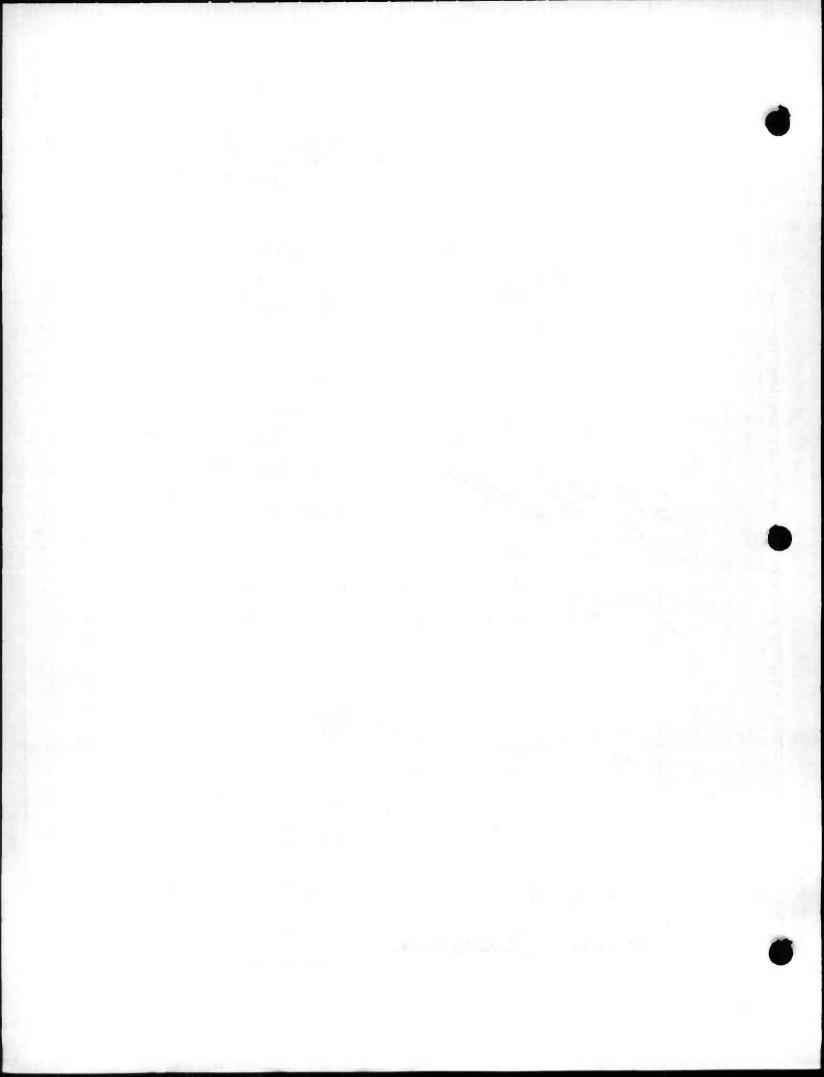
33. RECHETTHAN'S SIGNATURE LIA SAVIDON PANDARL

0 9 1992



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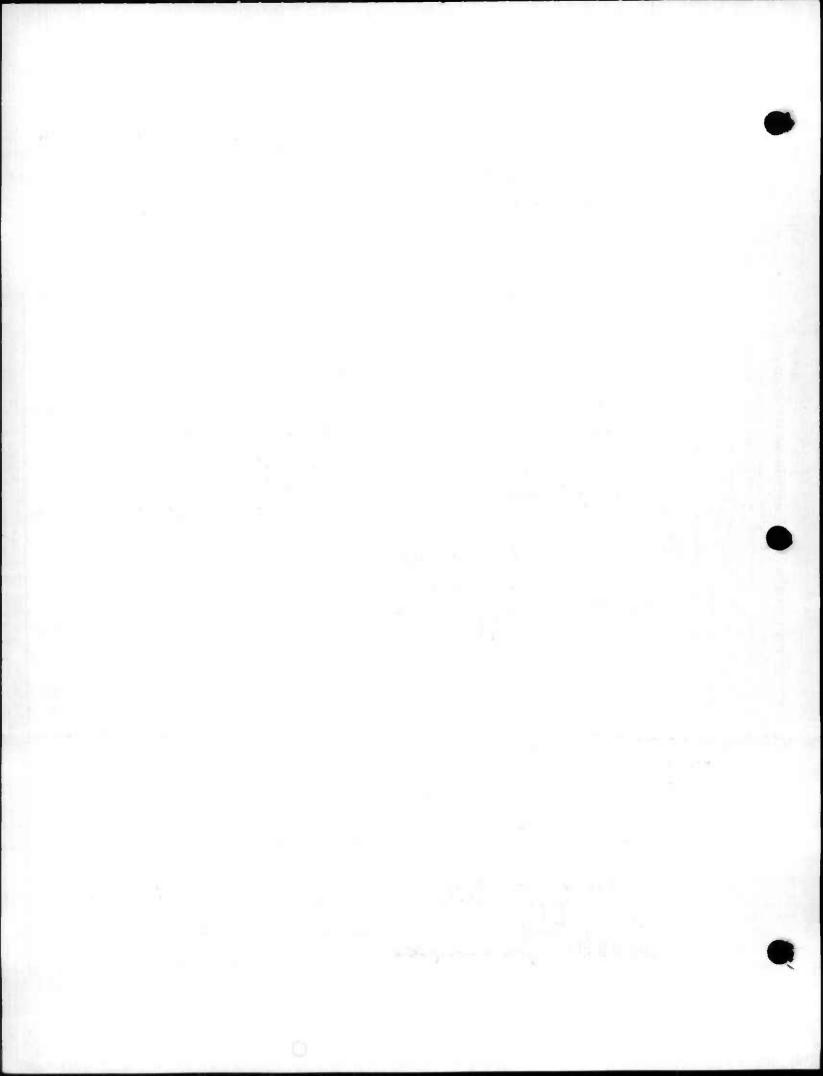
	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	RTMENT	OF HE	EALTH	AND	MENTAL			92	00341			
	1. DECEDENT'S NAME (First, Middle, Last)		Ci	ERIII	ICATE	Ur i	DEA	IH	1	REG. NO						
	VIRGINIA M.	KLINEDIN	СT						MONTH			YEAR	3. TIME OF OEATH			
	4. SOCIAL SECURITY NUMBER						_		JAN.		1		9:45 A. M			
		5. SEX	S. AGE (In yrs. les	**	IF UNDER 1		IF UNDER	24 HRS.	7. DATE ((Month,	Day, Year)		6. BIRTH	IPLACE (State or Foreign			
	217-26-9734	1 □ M 2 🂢 F	62	YRS.			Hoons	Wille.		12, 1	929		**			
~	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	NO NWO	LOCATI	ON OF D	EATH		9c. COL	JNTY OF O	EATH			
0	1923 HILLCREST	AVENUE			W	OODL	AWN				B	AT.TT	MORE			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	rv.														
3		LTIMORE		Y, TOWN OR		ON					1	10d. INSIDE CITY LIMITS?				
7	MARYLAND BA			WOODLA	1							1 YES 2X NO				
RA	A STATE OF THE STA				10f. 2	ZIP COO				10g. CIT	TIZEN OF V	VHAT COUNTRY?				
FUNERAL	1923 HILLCREST A				2.	1207			U	.S.A.	•					
F	11. MARITAL STATUS 1 Never Married 2 Married	T EVER IN U.S. AR	MED	13. WA	S DECE	NDENT O	F HISPAI	NIC ORIGIN?	(Specify Yes	or No-	I TYES 2 NO CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whita, atc. Specifly: WHITE VINDUSTRY e) Zip Code) D. 21207 — City or Town, Stata IOTTSVILLE					
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W			10	1 YES 2X NO Specify: Specify:							fv:			
	15. DECEDENT'S EDI	I I			1								WHITE			
=	(Specify only highest grad	e completed)	(G.	ve kind of	Work done dur se retired.)	UPATION ring most	of working	19	16b.	KIND OF BUS	SINESS/IN	DUSTRY				
2	Elementary/Secondary (0-12) H/S GRAD	College (1-4 or 5 +)													
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		nu	USEW:	LFE	_						_				
	(UNKNOWN) BEN	NINCHOVE								Iddle, Maiden	Sumame)					
BE	19a. INFORMANT'S NAME (Type/Print)	NINGHOVE							(UNK	,						
5	- I Hill Share and the state of	NEDINOM														
	WILLIAM B. KLI							/ENU	E-WOO	DLAWN	, MD	D. 21207				
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ren	noval from State	cemetery, cre.	matory or o	OF DISPOSITI				DATE		CATION —	City or To	OF OEATH TIMORE 10d. INSIDE CITY LIMITS? 1 YES 2X NO OF WHAT COUNTRY? • A. RACE — American Indian, Black, Whita, atc. Specify: WHITE RY 10d. INSIDE CITY LIMITS? 1 YES 2X NO OF WHAT COUNTRY? • A. RACE — American Indian, Black, Whita, atc. Specify: WHITE RY 10d. INSIDE CITY LIMITS? 1 YES 2X NO OF TOWN, State ISVILLE			
	4 Donation 5 Other (Specify) CRESTLAWN GARDEN OF MEMORIES 1/7 MARRIOTTSVILLE															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY															
	HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 21229															
	28. PART I. Enter the diseases, or	complications that	caused tha de	ath. Do r	not antar th	na mode	a of dyl	ng, auc	h as cardi	ac or respi	or respiratory arrest, Approx					
4	shock, or heart failure.	List only one cau	aa on aach lina	•									Interval Between			
	disease or condition resulting in death)	acul	2 my	oca	rdie	1 h	ula	rel	ion		Mann edical					
	readiting in deam)	DUE TO	OR AS A CONSEC	DUENCE O	F):	1	7					_	PHIMOLOGICA			
z		POR	ONARY	AI	RTER	Y	1)/	SEN.	58				5 mg			
ERTIFICATION	Sequantially list conditions, if any, leading to immediate		OR AS A CONSEC				<i>V</i>						100			
8	cause. Entar UNDERLYING CAUSE (Disease or Injury	· CHR	ONIC O.	BIT	RUCTI	VE	PUL	M	13150	EASE			10 ms			
드	that initiated events		OR AS A CONSEC													
	resulting in death) LAST	d														
O	PART II Other elemificant condition															
MEDICAL	PART II. Other algnificant condition	na contributing to	daath but not re	esulting	In the unde	erlying	cause g	lven In	Part I.	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă										1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?			
X									_				1 - YES 2 - NO			
PHYSICIAN:																
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PLAC	CE OF DE	EATH (Che	eck only one							
XSI	1 TYES 2 THO	1 🗆 Inpatient 2 🗆	ER/Outpetlant 3	□ DOA	OTHER:	g Home	5 🗹 Ra	sidence	6 🗆 Other	(Specify)						
표	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b, TIM INJ	E OF 28	Bc. INJUR	TA YE		26d. DEŞC	RIBE HOW IN	NJURY OC	992 9:45 A. M 6. BIRTHPLACE (State or Foreign VIRGINIA OUNTY OF OEATH BALTIMORE 10d. INSIDE CITY LIMITS? 1 YES 2X NO CITIZEN OF WHAT COUNTRY? U. S. A. 14. RACE — American Indian, Black, Whita, atc. Specify: WHITE INDUSTRY D. 21207 — City or Town, Stata IOTTSVILLE ORE, MD. 21229 BIRTEST, Approximata Interval Between Onset and Death IMMILIAL STATE ORE, MD. 21229 APPROXIMATE ORE AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
B	1 Natural 5 Pending 2 Accident Investigation						S 2 [NO				YEAR 1992 9:45 A. M 6. BIRTHPLACE (State or Foreign Country) VIRGINIA OUNTY OF OEATH BALTIMORE 10d. INSIDE CITY LIMITS? 1 YES 2X NO CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, Whita, atc. Specify: WHITE INDUSTRY 10				
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At hor etc. (Specify)	me, farm, a	street, factory	, offica			261. LOCAT	ION (Street a	nd Number	r or Rural R	oute Number,			
3 Suicide 4 Homicide 4 Homicide 5 Could not be detarmined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of the beat																
2	one) 2 MEDICAL EXAMINE	ER: On the beals of ax	amination and/or is	nvestigatio	n, in my opin	ilon, deal	th occur	d at the	time, data =	nd place, and	dua to #	ne causals	and manner se stated			
O	29b. SIGNATURE AND TITLE OF CERTIFIE		0							, , , , , , , ,						
	MIMI	Varia	h mit)		2	MC. LICE	NSE NUM	174		-		(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUS	FOR DEATH OF	270 (7	Drint's		V	117	1 /		J	an	7,1792			
	DR. WILMER K. GAI					CATIT	7_ D A	TOTA	(ODE	MD 0	1 2 2 2					
	ZICE WILLIAM IC. GAI	THOUR, JR.	W CC+C	TIVE	MD AV.	DNOF	AQ-c	LITE	TORE,	гш. 2	1777	,				



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to find within 70 hours after death with the State Denr of Heath and Mental Houline prior to build commission or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	n 24	ify fill	the
	withi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Deut or Reath and Merital Houlede prior to burial commation or removal	rent,
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	FOR 1 - STATE		STATE OF	MARYLAND	/ DEPAI	RTMEN	T OF H	TEALTH	AND N	MENT	AL HYGIEN	IE	9,	2 0034		
	REGISTRAR	e kälelelle kaan		C	ERTIF	ICATI	E OF	DEAT	ГН		REG. NO).				
1	1. oecedent's name (First, Middle, Last) Agatha A		Kirwan			2. T			MOR	DATE OF DEATH DAY YEA			3. TIME OF DEATH			
DIRECTOR	4. SOCIAL SECURITY NUM		5. SEX	A ACE (In um)	and fallets along	T == 10.000		10711100		0		7	92	11.00 A.N		
	214-40-453			1 □ M 2 以 F 85 YRS.						7. DATE OF BIRTH (Month, Day, Year)		400	Counti	IPLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give s								April 20, 1906				Mississippi			
							city, rown on Location of Death altimore City					EATH				
	RESIDENCE OF DECEDENT						re C	гсу								
1 2	10a. STATE 10b. COUNTY 10c. CITY, TO					Y, TOWN	OWN OR LOCATION					10d. INSIDE CITY				
=	Maryland				Baltimore City						LIMITS?					
A P	10e. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF WHAT CO									
E E	830 W. 40th	St.							212	11		1	US	Α		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	U.S. ARMED 13. WAS DECENDENT OF HISP			F HISPANI	IC ORIG	ilN? (Specify Ye	a or No-	or No- 14. RACE - American Indian,				
BY	1 Never Married 2 3 Widowed 4 Divo		· IF YES, GIVE	IF YES, GIVE WAR OR DATES		If yea, specify Cuban, Mexicar 1 YES 2 X NO Specify					Black, Whita, etc. Specify:					
			1			1						Spoodly: White				
H	(Specify onl	Y highest grade	e completed)		Sa. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			g	16b. KIND OF BUSINESS/IN			USTRY				
1 2	Elementary/Secondary (I	0-12)	College (1-4 or 5								D-14:			4		
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)			reaci	iei	_	40 140774	EDIO MAN				imore City			
Ü		ert Ake	erc					18. MOTH	IEN'S NAM		Middle, Meiden	,				
0	19a. INFORMANT'S NAME (010	1	9b. MAILING	AOORESS	S (Street a	ad Number	or Burni B		TITLE LO		Code			
2	Robert A,	Kirwai	n					ne Rd			timore			210		
	20s. METHOD OF DISPOSIT	ION		20b. PLACE	ANDDATE	OF DISPOS	HTION /A/a	me of		0.0	TE 200 LC	CATION	Olar as Ta			
	1 N Burial 2 Crematic 4 Donation 5 Other	Specify)	ioval from Stata	cemetery, cr	nev (ther place)	v Me	m G	dns	1/1	0/92 T	imoni	i im	Md		
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	_	110,	22	NAME AN	ID ACCRES	S OF FAC	H CTV			uiii,	Mu •		
	> Xam	es J.	Mung	ule.)		Mitc	chell	- Wi	ede	feld Ho	ome				
ERTIFICATION	23. PART I: Enter the d						6500) Yor	k Rd	. B	altimon	re, M	d.	21212		
	ahock, or heart failura. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentielly list conditions, life my, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List only one ceuse on each line. Interval Batween Onset and Death Due To lon As A CONSEQUENCE OF): Due To lon As A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d															
IL C	PART ii. Other eignifica	nt condition	ne contributing to	deeth but not	reculting	in the un	derlying	ceuae g	iven in P	Part i.	24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINOINGS		
MEDICA									PERFORMEO? AVAILABLE PRIOR TO COMPLETION DF CAUSE							
I I										OF DEATH?						
	1 TES 2 T										T YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF DE	ATH (Chec	ok only o	one)					
Sic	1 VES 2 DINO OTHER:															
РНУ	27. MANNER OF OEATH	The information of the post of						□ Nursing Home 5 □ Rasidenca 8 □ OF 28c. INJURY AT 28c				Other (Specify) Bd. DESCRIBE HOW INJURY OCCURED				
	1 Natural 5 Pending (Month, Day, Year)				INJ	URY		WORK? YES 2 NO		SECONDE NOW HOUSE OCCURED						
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, term, atreet					ntreat, fect				28J. LOCATION (Street and Number or Flural Route Number,						
TED																
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED: On the hour of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.															
		one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and placa, and due to the cause(a) and manner as stated.									and manner as stated.					
8	29b. SIGNATURE AND TITLE	OF CERTIFIE		MIN			29c. LICENSE NUMBER				29d. OATE SIGNEO (Month, Day, Year)					
2	JO. NAME AND ADDRESS OF	PERSON WIL	O COMPLETED CALL	· ///.	M OT C	Delega					1+1	T2.				
	OMIX	JO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UM 14) 12 14.														
	JAN 0 9	1992		H'S SIGNATURE	ndeer											





FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

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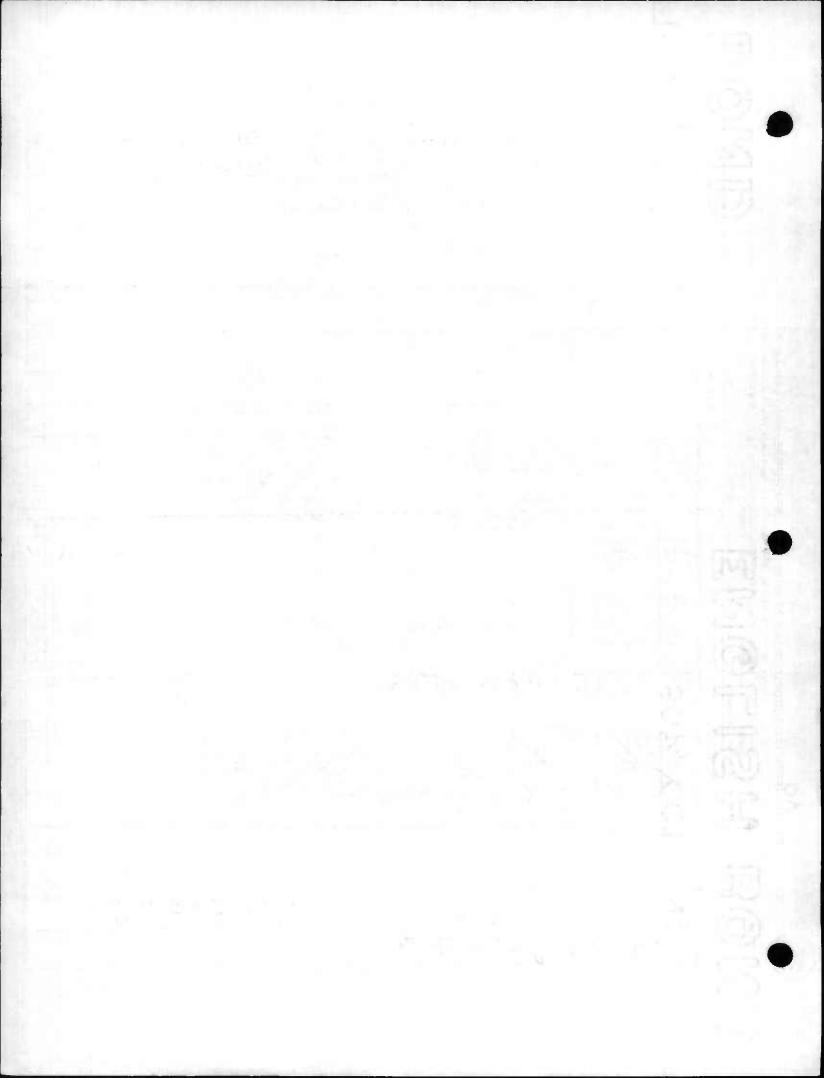
06 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS MIN. 1 M 2 F Md Pages 1, 2, 3 should 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF OEATH DIRECTOR RESIDENCE OF 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Harford Bel Air Md. 1 TES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 21014 U.S.A. for use as the burial-transit 1428 Shirley Dr. death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Merried Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp-Elementary/Secondary (0-12) College (1-4 or 5+) 10 yrs. Material Dept. General Motors the funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lillian Hopkins Melvin Kellerman notified at 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. David A. Kellerman 2007 Cypress Dr. Bel Air, Md. Pe 20e. METHOD OF DISPOSITION
15 Surfal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE examiner must Bel Air Memorial Gardens 1-9-92 Bel Air, Md. 22. NAME AND ADDRESS OF FACILITY F.
11750 Below Road 21. SIGNATURE OF FUNERAL SERVICE LICENSEE F.H. Kingsville, Md. 21087 to herealwest medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate filled in by shock, or heart failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final **Onset and Death** and completely fille burial, cremation, the disease or condition MON resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician at, of Health and Mental Hygiene prior to prior to If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO Dept. W 25. WAS CASE REFERBED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item The EXAMINER? State certificate OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) npetient 2 - ER/Outpetient 3 - DOA OR ATTENDING PHYSICIAN: marked, or the 28a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with this (Natural 5 Pending 94 1 YES 2 NO BY After t 2 Accident TO THE FUNERAL DIRECTOR: After the filed within 72 hours after deaf IMPORTANT: If Item 28 is m 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of ax nd/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) end manner as stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TUTLE OF CERTIFIE 五二二 9 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 772

FAMS T 223 2 10/An 31. DATE FILED (Month. 12. FIEGISENAB'S SIGNATURE TUNE DAY OF THE PARTY OF THE PROPER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

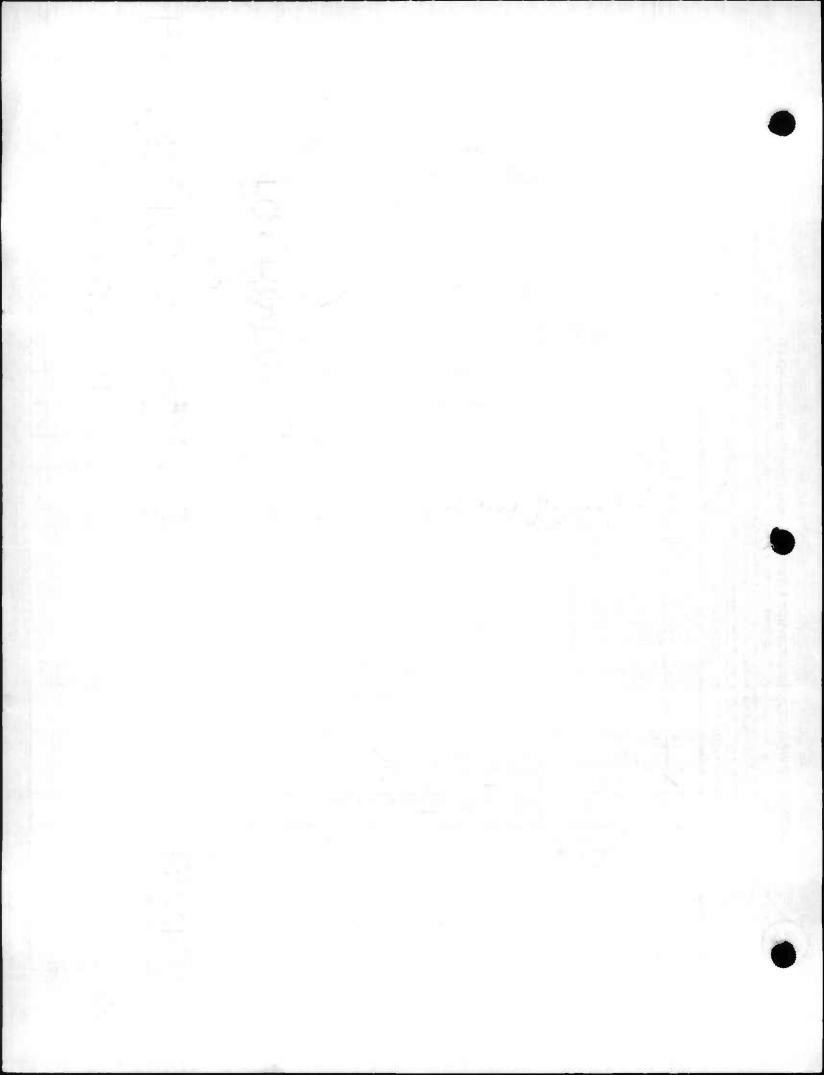




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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use has find within 72 hours after death with the State Dent, of Health and Mental Hydlere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTI	FICATE C	OF DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last,	LOUI	ISE HOWAR			JAN. 6	, 1992 YEA	4:20 A. M	
4. SOCIAL SECURITY NUMBER 081-22-0248	5. SEX 6.	AGE (In yrs. lest birthde) 88 YRS.	MONTHS DA		JUN . 6 , 1	903 N	IRTNPLACE (State or Foreign ountry) EW YORK	
9a. FACILITY NAME (If not institution, give	street and number)		9h CITY TO	VN OR LOCATION OF D		9c. COUNTY C		
ROLAND PARK P				LTIMORE,		Jul Good Tree		
10a. STATE MD . 10b. COUN	ry	10c. C	TY, TOWN OR LE	CTIMORE,	CITY	(0.3)	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 830 WEST 40	th. STREE	ET		10f. ZIP CODE	21211	100 mm	OF WHAT COUNTRY? U.S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2				NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:		RACE — American Indian, Black, Whita, etc. Specify: WHITE	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1 2		(Give kind of life, Do NOT	's usual occur of work done durin use retired.)	g most of working		HOME	NY .	
17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S N	AME (First, Middle, Maide	n Surname)		
DANIEL MERRI	гт			FANNE	Y HOWARD			
19a. INFORMANT'S NAME (Type/Print) MARTHA KENNE				eet and Number or Rural	BALTIMO		21212	
20e. METHOD OF DISPOSITION 1	movat from Stata	20b. PLACE AND DA	ATE OF DISPOSITION OF OTHER PROPERTY OF OTHER PROPERTY OF THE	ION (Name EMATORY		OCATION — CHY	pr Town, State RE, MD. 2120	
21. SIGNATURE OF FUNERAL SERVICE I	M P	b . \	22. NAN	E AND ADDRESS OF F	4905	YORK	ROAD 21212 S,BALTO,MD	
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (C	OR AS A CONSEQUENCE	OF):	Structur	Pul D	Jisem	15 %	
PART II. Other eignificant condition	ons contributing to d	leeth but not resultin	g in the under	lying cause given l		IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
					-	*	1 WES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (C	theck only one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF II (Month, Day		INJURY	WORK?	28d. DEŞCRIBE NOW	INJURY OCCURE	ED	
2 Accident Investigation 3 Suicide 6 Could not b 4 Nomicide determined	28e. PLACE OF	INJURY — At home, farr tc. (Specify)	n, street, factory,	office	281. LOCATION (Stree City or Town, State		tural Route Number,	
Control only	SICIAN: To the best of m						use(s) and menner as stirted.	
29b. SIGNATURE AND TITLE OF CERTIF	Jr. Jk			29c. LICENSE N	UMBER 62	29d, DATE SK	(Month, Del, Year)	
30. NAME AND ADDRESS OF PERSON N	WALKER	M . D .		UNIVERSI	TY PKWY.	BALTO	,MD.21218	
JAN 0 9 1992	32. REGISTRAR	lon-Randall						



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hor	TO THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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	1 - FOR REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMEN	IT OF	HEALTH DEAT	AND	MENTA	L HYGIEI	NE	06	:00040	
	1. DECEDENT'S NAME (First, Middle, Last) RITA CATH	IERINE LU				2 01	DEAI		2. DATE MONT Jan	OF DEATH	1992	YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 214-16-9677A	5. SEX 1 M 2 K F	6. AGE (In yrs. Ia	YRS.	IF UND	ER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)	1922	Count	HPLACE (State or Foreign by) aryland	
TOR	9a. FACILITY NAME (If not institution, give s 1139 Glenda:			2			, TOWN OR LOCATION OF DEATH Baltimore					%c. COUNTY OF DEATH Baltimore		
DIRECTOR	-	timore		10c. CIT		or Loca timo					_		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
BY FUNERAL	100. STREET AND NUMBER 1139 Glet					10	2123					J.S.Z	WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AI YES 2 AR OR DATES	RMED NO	13	If yes, sp	pecify Cuban	HISPAN , Mexica Specify	in, Puerto	i? (Specify Ye Rican, alc.)	s or No—	14. RACI Blec Spec	E — American Indian, k, Whita, etc. White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5 +	(C)	Do NOT us	vork done e retired.	during mo	on ost of working ry Sp			KIND OF BU			pital	
BE	17. FATHER'S NAME (First, Middle, Last) Michael J. 19a. INFORMANT'S NAME (Type/Print)	Bognanni					Fr	ance	es S	Middle, Maiden 5. Man	della	-		
5	Donald R. Lumpl	kin	19			As #		or Rural I	Route Num	ber, City or Tow	vn, State, Zip	Code)		
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donetion 6 Other (Specify)		20b. PLACE cemetery. cre Dulan	AND DATE OF THE COMMENT OF THE COMME	ille	y Me	m. Ga			20c. 1.0 10 - 92	Time		wn, State n, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC		8421	,	R	uck '		n Fi	unera	al Hom)4	
	23. PART I. Enter tha diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cau a. No No	se on each line	.	ot ante	r the mo	de of dyln	g, sucl	h as card	llac or reap	iratory arr	rest,	Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE											
PHYSICIAN: MEDICAL CE	PART II. Other algoliticant condition	a contributing to	death but not e	reaulting l	n the u	nderlyin	g cause gi	ven in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	500	T	OTHE	R:	ACE OF DE							
ВУ РНУ	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 Inpatient 2 DATE OF (Month, De	INJURY	26b. TIME	OF	28c. INJ WO	URY AT PRK?				Specify) HBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be determined	26e. PLACE Of building, of	INJURY — Al ho etc. (Specify)	me, farm, a	treet, fac	tory, office			26f. LOCA	ATION (Street or Town, State)	and Number	or Rural R	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSIC DISCOURSE TO MEDICAL EXAMINED	CIAN: To the best of s R: On the basis of ex	my knowledge, de amination end/or i	ath occurre	d at the	lime, data opinion, d	and place, a	and due	to the cau	se(a) and mer	nner as state	ed. e cause(a)	and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICEN	SE NUM	BER				(Month, Day, Year)	

Gary Cohen, M.D. 6701 N. Charles St., Towson, Maryland 21204

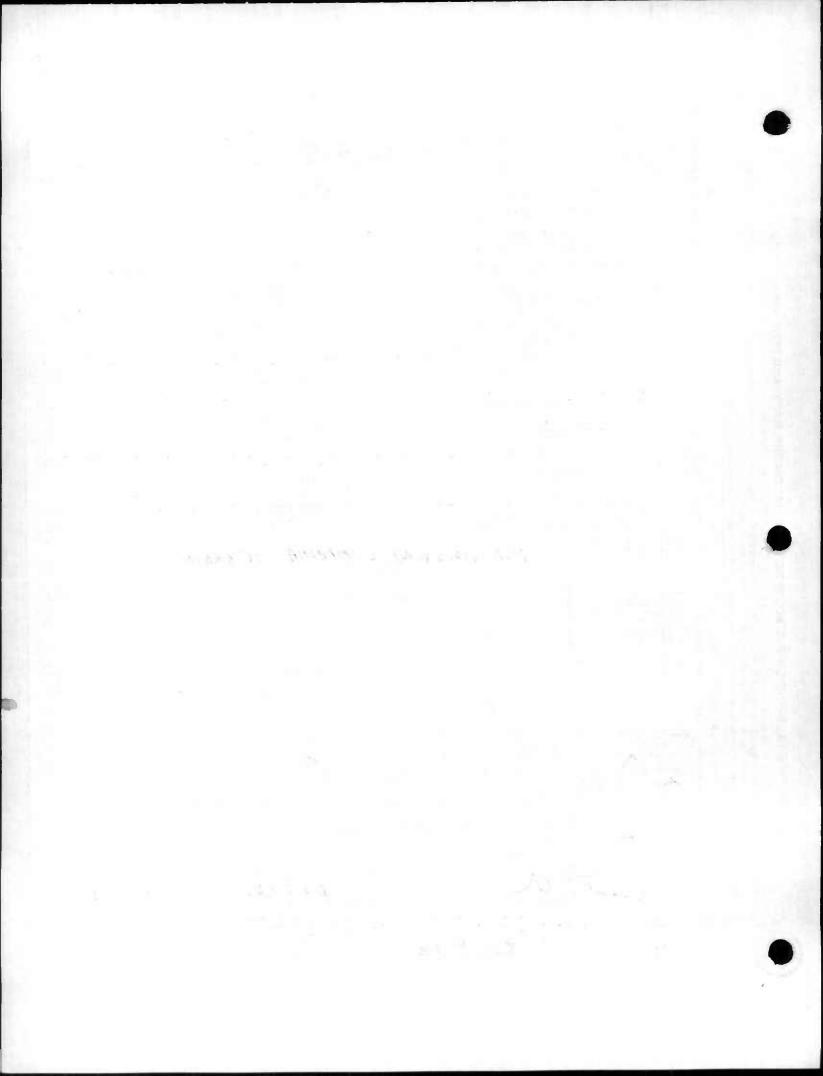
31. DATE FILED (Month, Day: 1997)

JAN 0 9 1992

Julia Davidson Andres

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

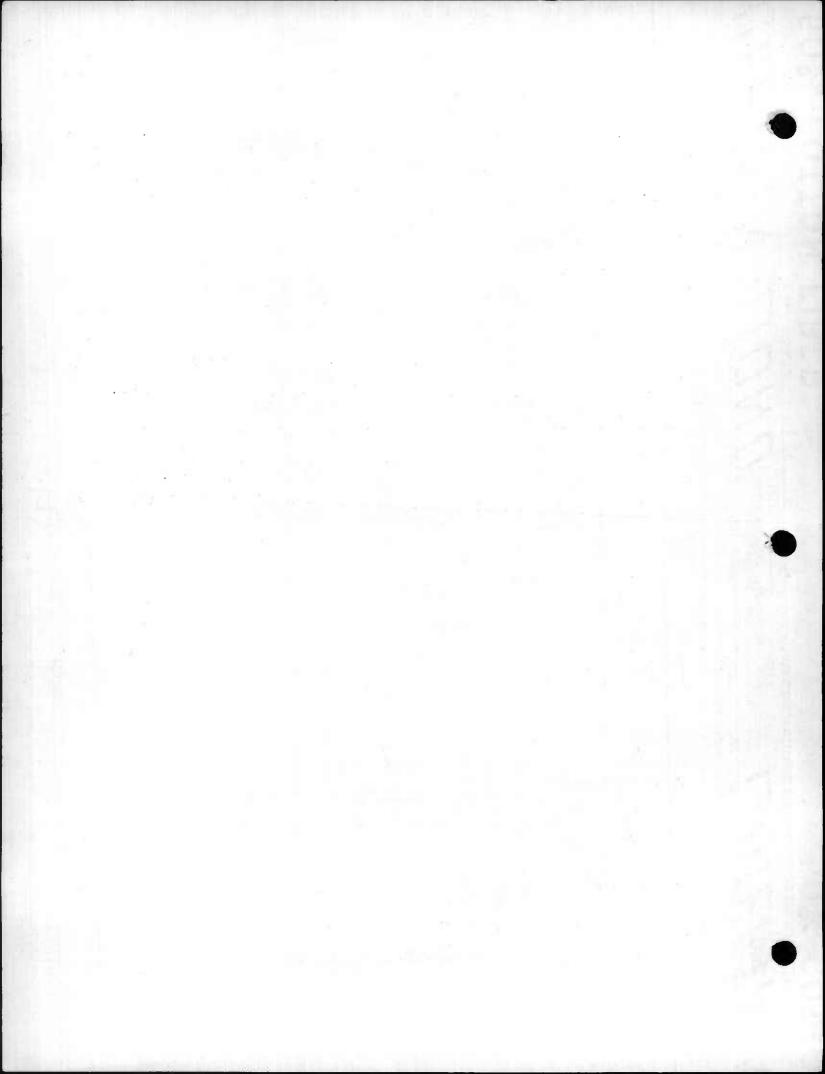
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DIVISION OF VITAL RECORDS, F.O. BOA 13140	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.
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	SPITAL

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Charles	Goodspeed		Lord		2. DATE OF DEATH DAY 1 07	YEAR 92	3. TIME OF DEATH 7:00 a M		
	4. SOCIAL SECURITY NUMBER 215-03-5539	1 X M 2 🗆 F 86	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (MORP) DBY, 1987) 5/11/05	Mar	HPLACE (State or Foreign		
TOR	99. FACILITY NAME (If not institution, give at Broadmead	reet end number)			sville	АТН	9c. COUNTY OF DEATH Baltimore			
DIRECTOR	100. STATE 10b. COUNTY	MD Baltimore 0e. STREET AND NUMBER 13801 York Road 1. MARITAL STATUS Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 (X) YES 2 (1) IF YES. GIVE WAS OR DATES.					10d. INS LIM 1 U YE			
FUNERAL	13801 York Road							WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced					IC ORIGIN? (Specify Yes on, Puerto Ricen, atc.)		E — American Indien, k, White, atc. offy: White		
COMPLETED	15. DECEDENT'S EDU(Specify only highest grade	completed) College (1-4 or 5+)	(Give kind of Ille. Do NOT u		st of working	16b. KIND OF BUSIN				
	12 17. FATHER'S NAME (First, Middle, Lest) Henry M	urdoch	Lord	vestmer		Bank: ME (First, Middle, Maiden Sune		berg		
TO BE	190. INFORMANT'S NAME (Type/Print) Charles V. Lor	d				Baltimore		21210		
	20e. METHOD OF DISPOSITION 1	oval from State	ob. PLACE OF DISPO other place) Green M	t. Crem	atory 1	/8/ Bali	timore	,Md. 21202		
	21. SIGNATURE OF FUNERAL SERVICE LIC				W. JEN	4303		BALTO, MD.		
CERTIFICATION	23. PART I. Enter the diseases, or a shock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. VOSC DUE TO (OR AS DUE TO (OR AS		P):	de of dying, suci	se cerdiec or reepira	itory errest,	Approximete interval Between Onset end Death A OUV		
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to doeth demented	but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN AI PERFORM	ED?	N. WERE AUTOPSY FINDINGS AMMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	tostient 3 DOA	OTHER:	LACE OF DEATH (Chi					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, Till	AE OF 28c, IN.	JURY AT DRK?	28d. DESCRIBE HOW IN.	JURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be datermined	28s. PLACE OF INJUR building, atc. (Sp	IY — At home, farm, ecily)	street, factory, offic	8	281. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,		
COMPLETED	The state of the s	CIAN: To the best of my kno						(e) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Xey M.L),		29c. LICENSE NUM		29d. DATE SIGNE	D (Monte, Day, Year)		
	30, NAME AND ADDRESS OF PERSON WH		sville +		30					
	JAN 0 9 1992	Julia Davids								



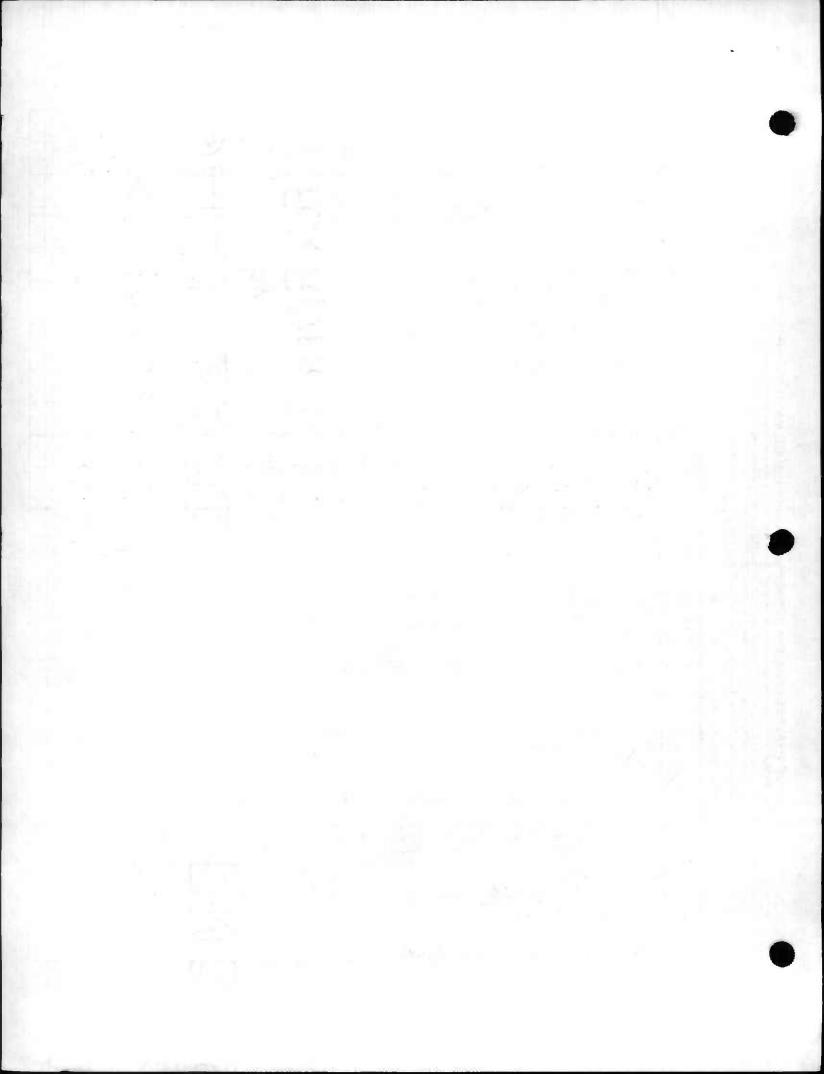


TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam certificate be executed whilin the hours airly beam, hage to may be retained by the nationaling physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah-the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Mid	idle, Last)				V/11 E	<u> </u>	DEATH		OF DEATH			3. TIME OF DEATH
James Earl	Lit	tle						01-	07-19	92	YEAR	12:40A
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER t	YEAR DAYS	IF UNDER 24 HRS.	7. DATE O	Dey, Year)		8. BIRTI-	IPLACE (State or Foreign
237-01-9281		1 M 2 D F		YRS.			74.00	04-	27-19			N.C.
99. FACILITY NAME (If not institut							OR LOCATION OF	DEATH		9c. COUNT		
327 Arundel		West			Bro	OKI	yn Park			Ann	e Ai	rundel
	b. COUNTY			10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
Md.	Anne	Arundel		Br	ook1	vn l	Park	20				1 TES 2 NO
10e. STREET AND NUMBER							ZIP CODE					WHAT COUNTRY?
327 Arundel	Roa	d West					21225	150		U.	S.A	•
11. MARITAL STATUS 1 Never Merried 2/X Mer 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2		lf.	yes, sp	ecity Cuben, Mexic 2 NO Spec	can, Puerto R		or No-	14. RACI Blac Spec	E — American Indian, k, White, atc. #y: White
15. DECEDE (Specify only hig			16a. l	DECEDENT'S	USUAL OC	CUPATIO	ON of working	16b.	KIND OF BUS	SINESS/INDU	JSTRY	WITTEE
Elementary/Secondary (0-12)		College (1-4 or 5	+)	(Give kind of w life. Do NOT us	e retired.)	aring in	St Of Working		-1+-	C++	Cal	
11th Grade			SI	neet M	etal	Wo			alto.		2CI	10015
7. FATHER'S NAME (First, Middle		1	ittle				18. MOTHER'S N	, ,	Ettie		++ av	con
William 90. INFORMANT'S NAME (Type/	Samı	uei L		401-444-1140	1000000	***	Marga and Number or Burn					5011
	rnnt)								1 1		- 22	01 005
Mary Little		10000	20h BLA(SE ANO DATE			Road We	OATE	_	CATION - C		
20a. METHOD OF OISPOSITION Donation		oval from State	of cemeta	ry, crematory	or other pla	ace)		1	100		III - 3	
1. SIGNATURE OF FUNERAL SE				CTO CT	22. N	AME A	INC.					al Home
Danne	28	c. Hack	ann	-Sh.		237	F Pata					., Md. 2122
James F. 23. PART I. Enter the dises		man Jr.		0				<u> </u>				Approximate
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	te		O (OR AS A CONS									
PART II. Other significant	conditions	a contributing to	o death but no	t resulting	In the un	derlyin	g cause givan i	in Part I.	24e. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	_											1 TYES 2 NO
	I										丄	
25. WAS CASE REFERRED TO M EXAMINER? 1 YES 2 NO	EDICAL	HOSPITAL:	☐ FR/Outpatient	3 □ DOA	OTHER	:	ne 5 Realdenc	e 6 🗆 Othe				
27. MANNER OF DEATH 1 Netural 5 Per	nding stigation	26e. OATE O		26b. TIM	_	28c. IN	JURY AT ORK? YES 2 NO	-	CRIBE HOW	INJURY OCC	URED	
3 Suicide 6 Cou	uld not be ermined		OF INJURY — At I, etc. (Specify)	home, farm,	street, facto	ory, offic	De		ATION (Street or Town, State		or Runal	Route Number,
Control only	7/	CIAN: To the bast of										(e) end menner as stated.
296. SIGNATURE AND TITLE OF	CERTIFIER	11/1/21	in-				29c. LICENSE N	IUMBER		29d. DATE	BIRNE	D (Manth, Day, Year)
Jun M	XHLI	KILL ONE	1	1			07-43	50		1	17)	192
30. NAME AND ADDRESS OF PE	FICE !	COMPLETEO CAI	USE OF DEATH (I	TEM 27) (Type	, Print)						1	
1. DATE FILEO (Month, Day, Yea	r)	32. REGISTR	AR'S SIGNATUR	E	-							
JAN 091	1992	Julia N	widson-A	Inde 12								



REGISTRAR 1. DECEDENT'S NAME (First, MI	iddle, Last)		- UL		0.	DEATH	2 DAT	REG. NO		_	3. TIME OF D	EAT
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	1 🗆	M 2 K F		TYRS.	NTHS DAYS	HOURS MIN.		th, Day, Year) 19-19	٥, ا	Count	try)	1. (0.3)
9e. FACILITY NAME (If not institu	ution, give street and	d number)	~		CITY, TOWN	OR LOCATION OF		19-19	9c. COU		LTIMO	RE
2046 EAS	FEDER	RAL ST	REET		BALT	IMORE						
RESIDENCE OF DECE	DENT b. COUNTY											
MD.				10c. C111, 10	DAT T	IMORE					10d. INSIDE C	YTI
10e. STREET AND NUMBER						T. ZIP CODE			lia ana		1 YES 2	
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3 Widowed 4 Divorce	d				l les	X NO Spec	ary:			BL	ÄCK	
15. DECEDE (Specify only his	ENT'S EDUCATION ghest grade complete	ted)	(Give	m kind of work	IAL OCCUPATION	ON of working	16	. KIND OF BU	SINESS/IND	USTRY		
Elementary/Secondary (0-12)	Colle	ge (1-4 or 5 +)	life. I	Do NOT use rel	tired.)	or worning						
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17. FATHER'S NAME (First, Middle						18. MOTHER'S N	AME (First,	Middle, Maiden	Sumeme)			
ROBERT 194. INFORMANT'S NAME (Type)						GAI	RNET	TE MO	ORE			
BETTY MOOF			196.	MAILING ADD	ORESS (Street e	and Number or Rura	Route Nun	ber, City or Tow	n, State, Zip	Code)		
20e. METHOD OF DISPOSITION						NG COUI	-			-		37
1X Burlal 2 Cremation 4 Donetion 5 Other (Sp.	3 - Removal fro	m State	20b. PLACE AN cemetery, crem	natory or other p	place)		DAT	100	CATION —			
21. SIGNATURE OF FUNERAL SI			MT. 7.				14 0	od R	A 1. T I	MAR	E, MD.	
	EMNICE LICENSEE			TON	EMET		1-8	-9 <u>4</u> D.		HOR	L, HD.	•
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	Page	
	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 is with the State Dept, of Health and Mental Hygene prior to burial, cramation, or removal.	
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1. DECEDENT'S NAME (First, Middle, Last	g .			ICATE OF			REG. NO			3. TIME OF DEATH
ANTHONY	JAMAR		MOO	RE		0.1	м о	3 1	991	2:00
4. SOCIAL SECURITY NUMBER	S. SEX	fl. AGE (in yes.	last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH T. Day, Year)	Ī	CONTRACTOR AND ADDRESS OF	PLACE (State or Foreign
	1 [XM 2] F	4	YRS.	MONTHS DATE	HOUTE MIN.		-01-1	987	110000000	LTIMORE
9s. FACILITY NAME (If not methyton, girl		27 22 22 22 22			OR LOCATION OF D	EATH		9c. COUR	NTY OF DE	
RESIDENCE OF DECEDENT	2046 EAST FEDERAL STREET BALTIMORE									
IDS. STATE IDS. COUNTY				Y, TOWN OR LOCA					16d. INSIDE CITY LIMITS?	
MD.				TIMORE					tX YES 2 ☐ NO	
	2046 E. FEDERAL STREET					10t. ZIP CODE 2 1 2 1 3				
11. MARITAL STATUS	12. WAS DECEDENT	S1944 S44	Attiven			alaste et an de ac		L.,		SA.
1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 2	SNO	If yes, so	DENDENT OF HISPAN Hecify Culture, Mexica 1 2X NO Specifi	n, Puerto	47 (Specify Yes Ricen, etc.)	or No	Black	- American indian, White, etc.
3 Widowed 4 Divorced				10.16	2X NO Specie	Υ.			BI	ACK
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17. FATHER'S NAME (First, Mickle, Last)					IR. MOTHER'S NA	Mar again	(E) (E) (E) (E) (E) (E) (E) (E) (E) (E)			
REGINALD WAS	KSTAFF				GARNE			35		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Shwir	ent Number or Rural I				Codej	
BETTY MOOR	E									. 21237
20s. METHOD OF DISPOSITION 1 Dental 2 Commettee 3 Ba	movel from State	20b. PLAC	E AND DATE (OF DISPOSITION /N	sow of	DAT	E 20s. LO	CATION - C	City or Tov	rn, Stale
4 Donation 5 Other (Specify)		MT. ZION CEMETERY						LTIMO	RE,	MARYLAND
21. SIGNATURE OF SAMERIAL SERVICE	CENSEE	7		22 NAME A	NO ADDRESS OF FA	elak catur				
F 1 1 1 A (A) A	(n 1/ ·	2	1	5 ST 22 T SWY 7 Fe			. FUN	ERAL	HOME	. P.A.
Inon	John !	m		JOSEP 1913 W.	H H. BROV	NN JE	TIMORE	MD 2	1223.	, P.A. P.O. BOX 44
23. PART I. Enter the diseases, or shock, or heart failure	complications that	caused the o	death. Do r	JOSEP 1913 W.	H H. BROV	NN JE	TIMORE	MD 2	1223.	P.O. BOX 44
IMMEDIATE CAUSE (Final disease or condition	complications that	se on each lir	ne.	JOSEP 1913 W, not enter the mo	H H. BROV	NN JE	TIMORE	MD 2	1223.	P.O. BOX 44
IMMEDIATE CAUSE (Final	a. SMOK	se on each lir	NHAL	JOSEP 1913 W. not enter the mo	H H. BROV	NN JE	TIMORE	MD 2	1223.	P.O. BOX 44 Approximate Interval Between
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

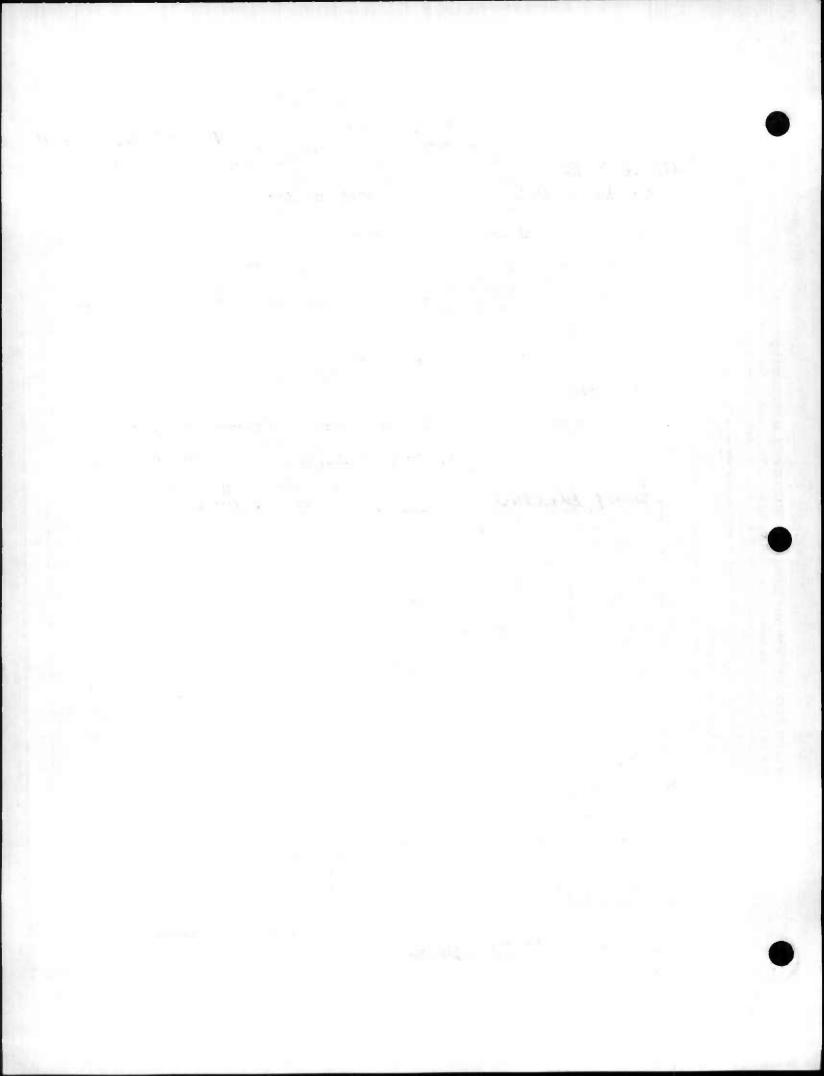
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation. or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH REG. NO.

-				חוור	OAIL	- 01	DEA	111	nı	EG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)	Au	relie A	A. Mu	sgra	ve			2. DATE OF D	EATH DAY 5	42	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-66-8578	5. SEX	8 AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI	HTTH 1910	8. BIRTI	NPLACE (State or Foreign
LOR	9a. FACILITY NAME (If not Institution, give Iniversity Hosp	9a. FACILITY NAME (If not institution, give atmest and number) University Hospital				96. CITY, TOWN OR LOCATION OF DEATN Baltimore City						DEATH
DIRECTOR	10a, STATE 10b, COUNT	The second secon				10c. CITY, TOWN OR LOCATION TOWSON						10d. INSIDE CITY LIMITS? X 1 YES 2 NO
BY FUNERAL	10%. STREET AND NUMBER 1 Smeton Place	# 403				101	ZIP CODI 212	04-2	2732	10g. CI	USA	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	MED		If yes, sp	ENDENT C	n, Mexica	n, Puerto Rican,	ecify Yes or No— etc.)	Blac	E — American Indian, k, White, atc. my: White
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kin- life. Do N [Give kin- life. Do N [He. Do N [He. Do N				during mo	N st of workin	ng	16b. KIND	OF BUSINESS/II	IDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) Gabriel Arcas						18. MOTH	TER'S NAI	ME (First, Middle,	Malden Surname)		
0	19. INFORMANT'S NAME (Type/Print) T. Benson Musgra	ve	198	. MAILING . Sme	ADDRESS ton	(Street a	nd Number e #	or Rural F	Towson	ty or Town, State, 2 , Md. 2	^(ip Code)	2732
	20a, METNOD OF DISPOSITION 1 3 Burlel 2 Cremetion 3 Rem 4 Oonstion 5 Other (Specify)		20b. PLACEA	ND DATEO	of Dispos	ition (Na n. 11	me of , 19	92	DATE	Freder:		
	21. SIGNATURE OF FUNERAL SERVICE LIC					Ruck		son	Funeral	l HOme :		4
	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C)	PRASA CONSECUTION AS A	MUNCE OF): el):	abo	esse	nd S	Stage	2		2 weeks
	PART II. Other significent condition	e contributing to d	eath but not re	esulting la	n the un	derlying	ceuse g	lven in i		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 27 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER	i:			ck only one)	alka.		
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	Year)	28b. TIME INJU	OF JRY M	28c. INJU WOO 1 Y	RY AT			E NOW INJURY O	CURED	
	3 Suicide 8 Could not be determined 29e. CERTIFIER	bunding, at							City or Town			loute Number,
	(Check only	CIAN: To the best of m	y knowledge, dea mination and/or in	th occurred	d at the ti	me, data pinion, de	end plece, eth occur	and due t	to the cause(a) a time, date and p	end manner as sta lacs, and dus to t	ited. he couse(s) end menner ea stated.
	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	the M	OF DEATH (ITEM	1 27) (Type, i	Print)		29c. LICE	NSE NUM	BER	29d. DA	SIGNED	(Month, Day, Year)
	Unwesty Hospite 31. DATE FILED (MONTH DOK, YOUT) LANGE 9 1992	UMIL 32: REGISTRAR	rsity,	OFM		laur	Q 1	led	ical:	systen	es à	225 Greeves- Baltimore 4





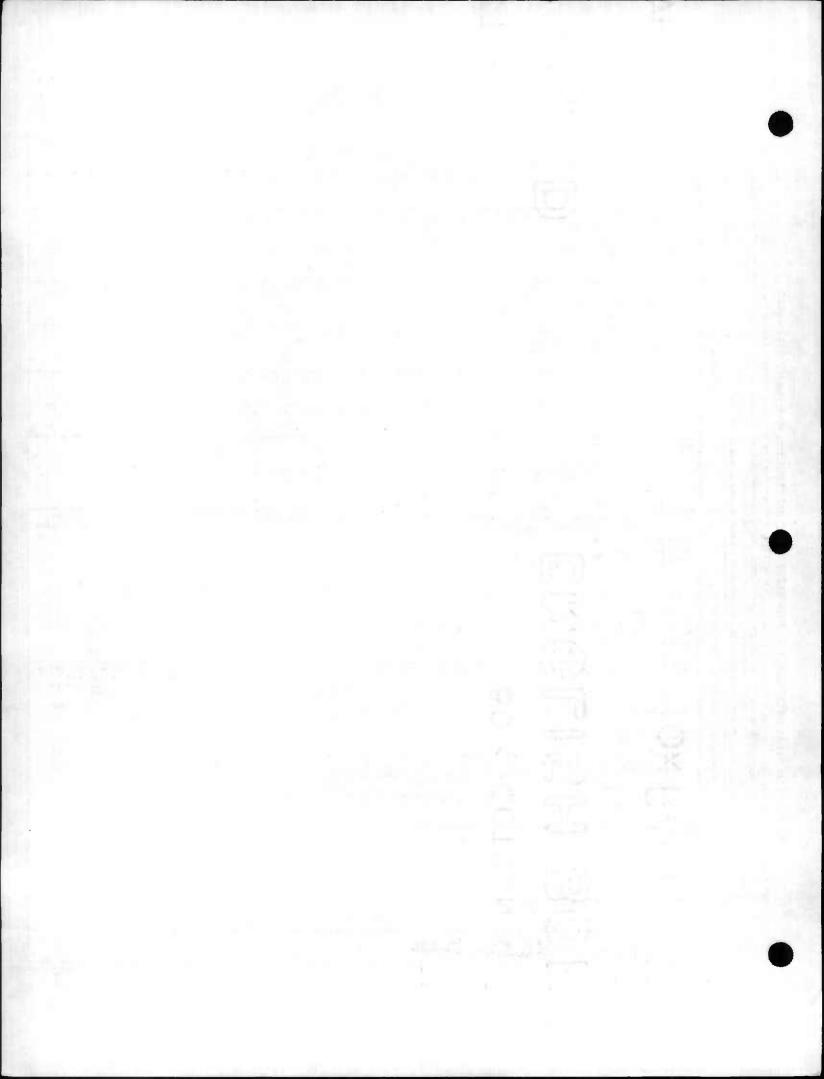
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF	F HEALTH AND MENTAL	HYGIENE
CERTIFICATE C)F DEATH	REG. NO.

	FOR	STATE OF MARYLAND / DE	PARTMENT OF I	FAITH AND MI	ENTAL HYGIENI	9	2 00351
	1 - STATE REGISTRAR		TIFICATE OF		REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)			1	2. DATE OF DEATH	Y YE	3. TIME OF DEATH
	Robert J	. McArthur			1- 06-	92	M
		S. SEX 6. AGE (In yrs. last birth	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-4-15	6. B	NTHPLACE (State or Foreign buntry) N.C.
OR	90. FACILITY NAME (If not institution, give stree 911 Leadenha			timore,		9c. COUNTY	OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD	10	e. CITY, TOWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER			ZIP CODE		10a CITIZEN	1 ☼ YES 2 ☐ NO DE WHAT COUNTRY?
P.		ll Street Ap		21230		1112	S.A
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DEC	ENDENT OF HISPANIC ecity Cuben, Mexicon, 2 NO Specify:		or No.— 14.	AACE American Indien, Black, White, atc. Specify: BL.ACK
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) 5th	completed) (Give ki life. Do i	ENT'S USUAL OCCUPATION Ind of work done during monotone NOT use retired.) CK DRIVER	ON set of working	16b. KIND OF BUS	NESS/INCUST	ny
BE COM	17. FATHER'S NAME (First, Middle, Last) ANDREW MCARTHUR			18. MOTHER'S NAME HATTIE R	E (First, Middle, Maiden USSELL	Surneme)	
TO B	198. INFORMANT'S NAME (Type/Print) GLADYS PAYLOR		ALLING ADDRESS (Street of 2 N. PAYSO				
	20s, METHOD OF DISPOSITION 1	al from State 20b. PLACE AND of cornectary, creat WESTERN	DATE OF DISPOSITION matory or other place) I STAR CEME	(Name TERY		CATION — CHY	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Sterken		March	4	E N	orth Ave.
	23. PART I. Enter the diseases, or co- shock, or heart fellure. Li- IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the deathst only one cause on each line.		de of dying, auch			Approximete Interval Between Onset and Death
z		Lypu for AS A CONSEQUED	eine (ardio	Vescu	lar I	esease
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	GUETO (OR AS A CONSEQUE	acr acr	hyth	mio		
<u>L</u>		00000					
ERT	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUED ON GLOSTIC	NCE OF):	eart	fait	ure	
MEDICAL C	resulting in death) LAST	pue to (or as a consequence of the contributing to death but not result to the contribution to death but not result to the contribution to death but not result to the contribution to death to the contribution to death to the contribution to death to the contribution to death to the contribution to death to the contribution to death to the contribution to death to the contribution to death to the contribution to death to the contribution to death to the contribution to death t	Iting in the underlying	eart g cause given in P work as Disil	fail BIT! 200 MAS AN PERFOR LEANERS ALL ALL ALL ALL ALL ALL ALL A		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL C	PART II. Other significant conditions	DUE TO (OR AS A CONSEQUE) Contributing to death but not result ASEV	lar	Disi	are		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDICAL C	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER2	abstructural Vaser	Lar 26. P	Disk	ace k only one)		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	28. P DOA OTHER: 4 Nursing Hor ND. TIME OF 28c. IN INJURY	LACE OF DEATH (Checone 5 @ Residence 8 JURY AT JURY AT JURY AT	ace k only one)	MED?	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINEB? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 1 280. DATE OF INJURY 28	26. P OTHER: DOA 4 Nursing Hor ID. TIME OF INJURY M 1	LACE OF DEATH (Checome 5 Presidence 8 JURY AT DRK? YES 2 NO	k only one)	NJURY OCCURI	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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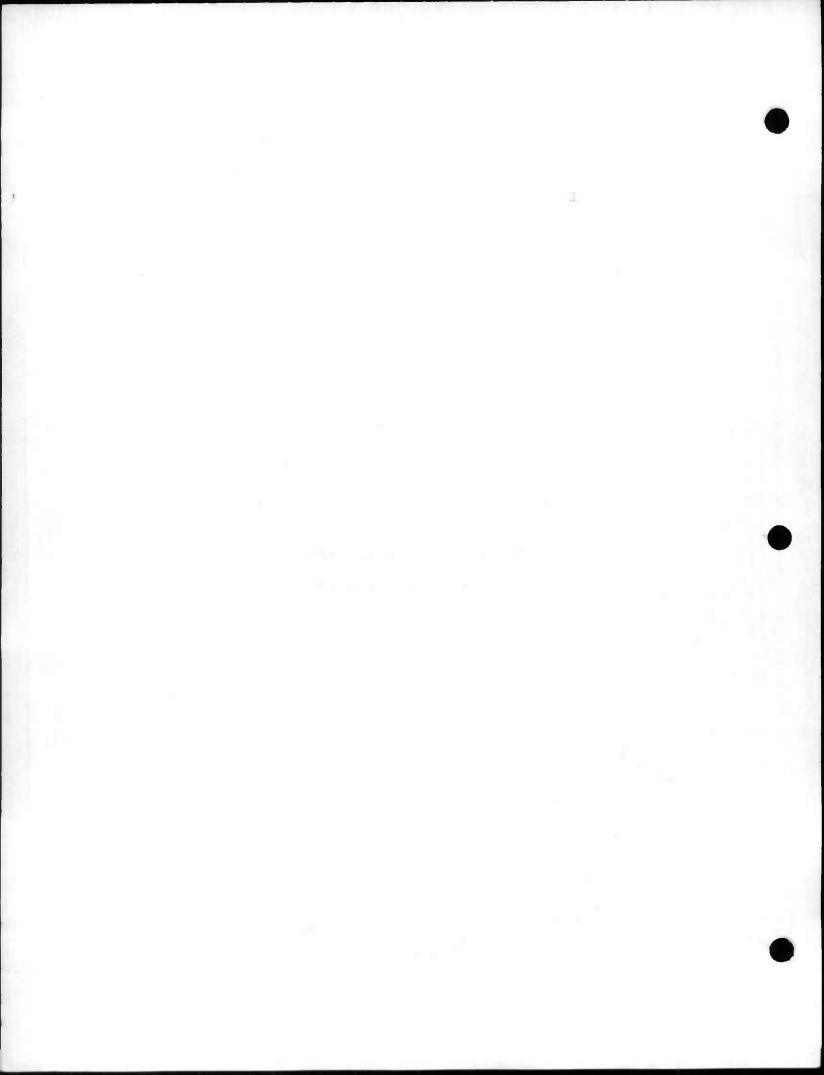


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SOUTH OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate he executed within 24 hours and
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INTEMOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

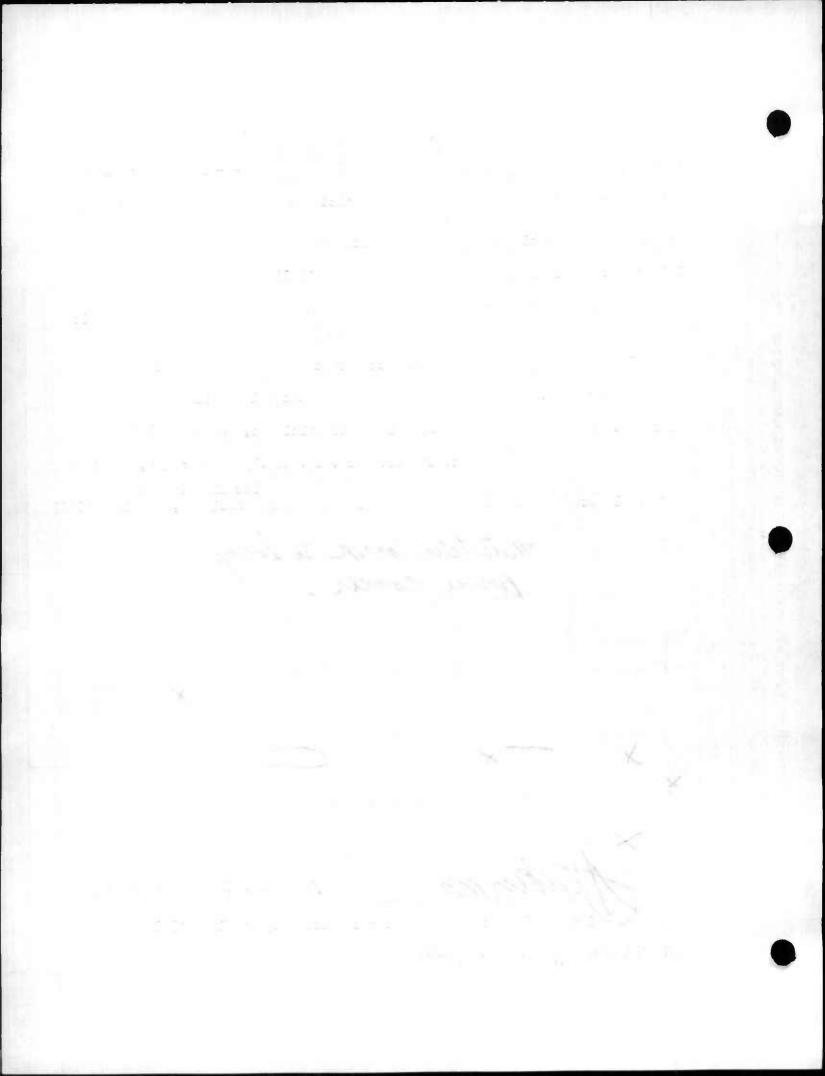
	1. DECEDENT'S NAME (First, Middle, Last) WAYNE R M	INOR WAYN	IE (ROBERT) MINOR		DATE OF DEATH	A, 1	3. TIME OF DEATH 992 6:45 a	
	4. SOCIAL SECURITY NUMBER 216-50-2348	5. SEX 6. AG	AE (In yrs. last birthday) 43 vrs.	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS		DATE OF BIRTH (Month, Day, Year) 5-24-48		8. BIRTHPLACE (State or Foreign Country)	
HO!	9a. FACILITY NAME (If not institution, give s CHURCH HOSPTTA RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCAL BALTIMOR			9c. COUN	TY OF DEATH	
DINECTOR	10a. STATE 10b. COUNT	Υ		ALTIMORE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
LONEUAL	1868 E. FAYETTE			10f. ZIP COI	31		U.	EN OF WHAT COUNTRY?	
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT If yea, specify Cub 1 YES 2 NO	an, Maxican, Pu	RIGIN? (Specify Yas arto Rican, etc.)	or No-	4. RACE — American Indian, Black, White, atc. Specify: BLACK	
2011	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of white. Do NOT us)		ing	16b. KIND OF BUS	SINESS/INDU		
	17. FATHER'S NAME (First, Middle, Lest) ROBERT BUTLER	ROBERT BUTLER 18. MOTE VIR					Surname)		
	190. INFORMANT'S NAME (Type/Print) VIRGINIA MINOR		196. MAILING 1868	ADDRESS (Street and Number E. FAYETTE S	or or Rural Route	Number City or Town	MD 21	231	
	I A Durier 2 Crementon 3 Memove Irom State Comptent crementary or ether place							I — City or Town, State	
	21. SIGNATURE OF FURNIFICAL SERVICE LIC	CENSEE		WM.C.MARCH	SS OF FACILITY	•	NORTH	AVENUE	
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that caus	ed the death. Do n						
	IMMEDIATE CAUSE (Final		each line.				retory arre	Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE OF	WRRHAG SPHALEAZ SPHALEAZ	e Vimi		retory arre	Interval Betwee	
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31. DATE FILED (Month, Day, Year)
JAN 0 9 1992 32. REGISTRAR'S SIGNATURE



The industry of amplification of a section of the s
TO THE HUSTLAL UR ALL ENDING PHYSICIAN. THE BAY FEQURES THAT THE DESTRICTED BE EXECUTED WITHIN 24 FOURS After Geath. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director case 5 should be desprised for use as the burial transit powers 4 or a contract
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Las	nt)					DEA		2. DA	REG. N	U.		00353
	LEONARD 1	MASON	JR.							DAY 6	92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER		1	R 24 HRS.	7. DAT	TE OF BIRTH	0	6. BIRT	HPLACE (State or Foreign
220-24-3766	1 🔀 M 2 🗌 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		-4-05		Mar	vland
	9e. FACILITY NAME (If not institution, give street and number)					OR LOCAT	ION OF DE	ATH		9c. COUNTY OF DEATH		
132 Regester Av	enue			E	Balt	imor	e				Balt	imore
10e. STATE 10b. COUP	NTY		10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY	
Maryland	Baltimore			Balt	imo	re						LIMITS?
10e. STREET AND NUMBER					-	. ZIP COD	E			10g. CI	TIZEN OF	WHAT COUNTRY?
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3 XXWidowed 4 Divorced	IF YES, GIVE W	MR OR DATES		1	☐ YES	2XXNO	Specify		,		Spe	
15. DECEDENT'S ED (Specify only highest gra	DUCATION	16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON:		1	6b. KIND OF BI	USINESS/IN	DUSTRY	WILLE
Elementary/Secondary (0-12)	College (1-4 or 5 d) M	Give kind of le. Do NOT u	work done di se retired.)	uring mo	st of world	ng					
12			Tax .	Accou	nta	nt				Banki	ng	
17. FATHER'S NAME (First, Middle, Last) Leonard Mason S	2					i .			t, Middle, Meide	,		
19a. INFORMANT'S NAME (Type/Print)	or.								e Mull		-	
Alfred P. Mason									mber, City or To			
204 METHOD OF DISPOSITION 1 X Auriel 2 Cremetion 3 Re			EANDDATE				Clmo:		Maryla			
1 X X viriel 2 Cremetion 3 Re 4 Donetion /5 Other (Specify)	movel from State	cemetery, c	cematory or o	ther place)	th.	Ch	Com	7/5		ocation —		
21. SIGNATURE OF FUNERAL SERVICE	ACENSES //	2 6	1				SS OF FAC	YTLIK				aryland
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23. PART I. Enter the diseases, on shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient to the conditions of	DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28e. DATE OF (Month, De building, of the basis of exercise) SICIAN: To the basis of exercise of exercise of the basis of exercise of	t ceused the dise on each line with the constant of the consta	EQUENCE OF COURS	OTHER: F): OTHER: F): OTHER: O	26. PL 26. PL WO'I I Y Y, office	ACE OF D ACE OF D S Re RRY RRY AT RES 2 end place, with occur 29c. LICE	ROAC ing, auch given in I EATH (Che sidence) NO end due t end due t	Part I.	24a. WAS AI PERFO 1 YES CATION (Street y or fown, Stete suse(e) end male le end piece, et	N AUTOPSY RMED? 22 NO INJURY OC. and Number as stated due to the	24b CURED or Rural i	Approximate interval Betwee Onset and De. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, on shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and investigations in death investigations in the conditions of the conditions in the cond	a. DUE TO b. DUE TO c. DUE TO d. DUE	(OR AS A CONSE (OR AS A CONSE	EQUENCE OF COURS	OTHER: OTHER: OTHER: OTHER: In the und OTHER: OT	26. PL. 26. PL. WO 1 1 Y, office	ACE OF D ACE OF D S Repry AT RRY ES 2 end place, with occur 29c. LICE	ROACING, auch	Des Calle	24a. WAS AI PERFO 1 VES CATION (Street y or Town, Stete steed) end make end piece, et	N AUTOPSY RMED? 2 NO INJURY OC end Number onner as stated due to the	24b	And 21212 Approximate interval Betwee Onset and De WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, on shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions are sufficient to the conditions of	DUE TO b. DUE TO c. DUE TO d. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D. DUE TO D.	(OR AS A CONSE (OR AS A CONSE	EQUENCE OF COURS	OTHER: OTHER: OTHER: OTHER: In the und OTHER: OT	26. PL. 26. PL. WO 1 1 Y, office	ACE OF D ACE OF D S Repry AT RRY ES 2 end place, with occur 29c. LICE	ROACING, auch	Des Calle	24a. WAS AI PERFO 1 VES CATION (Street y or Town, Stete steed) end make end piece, et	N AUTOPSY RMED? 2 NO INJURY OC end Number onner as stated due to the	24b	And 21212 Approximate interval Betwoonset and Deliverset and Deli



REG. NO

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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(687	executed
6	8
.O. B(equires that the death certificate
D, D	death
0	ile ile
OR	that
REC	requires
_	3W
TA	The li
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: Th
ISION	ATTENDING
=	OR
	HOSPITAL (

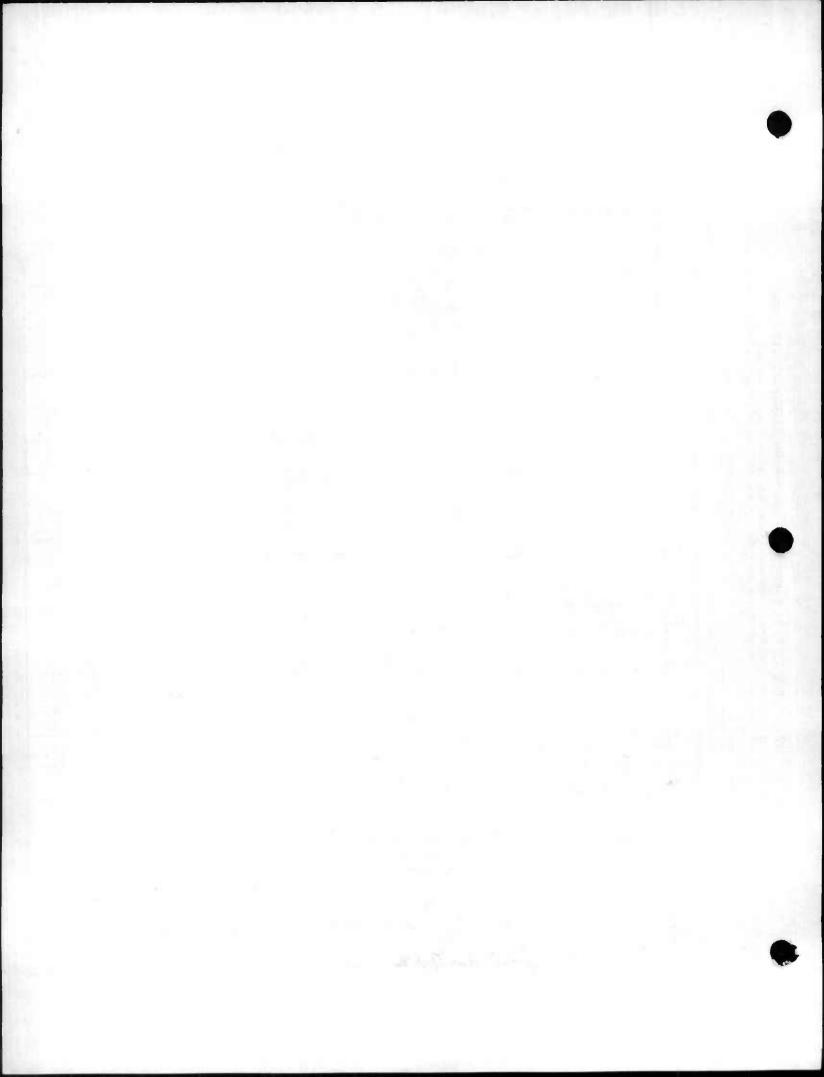
2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 92 AURORE F. NICHOLAS 2 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 | M 2 | X | F 025-10-1185 MARCH 31, 1910 MASSACHUSETTS use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHARLESTOWN CARE CENTER CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10h COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL APT 6106 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 713 MAIDEN CHOICE LANE, FREDERICK HOUSE 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, stc. 1 Never Married 2 X Married BY Specify: WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Ď Elementary/Secondary (0-12) College (1-4 or 5+) filled in by the tuneral director, page 5 should be detached on, or removal. 6TH GRADE HOMEMAKER once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) 듉 ZEPHERIN FELTEAU EMELIA (UNKNOWN) notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MD. 21228 JOSEPH NICHOLAS 713 MAIDEN CHOICE LA., FREDERICK HOUSE, CATONSVILLE, pe 20ex METNOD OF DISPOSITION
1 Description | Burish | 2 December | Comment | 3 December | 3 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 December | 1 Decemb 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 4 ☐ Donetion 5 ☐ Other (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON, VA. 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY Fisher HUBBARD FUNERAL HOME INC. aund. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death traumatic event, the cremation. disease or condition DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician and completely Dept. of Health and Mental Hygiene prior to burial, cremating resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 | YES 2 10 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Item EXAMINER? FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 Residence 8 Other (Specify) marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY - At home, ferm, street, factory, office 60 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Nomicide Item 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: II 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 로 등 로 mo 740 1/7/92 299 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) plebum Maiden Chaler Cone JAN 0 9 1992 Burlett DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the NO THE FUNERAL ORECTOR: After this certificate has been signed by the field within 72 hours after death with the State Oept, of Health and IMPORTANT: If Item 28 is marked, or Item 23 shows any in unit

the executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

Lan and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not be burial, cremation, or removal. traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

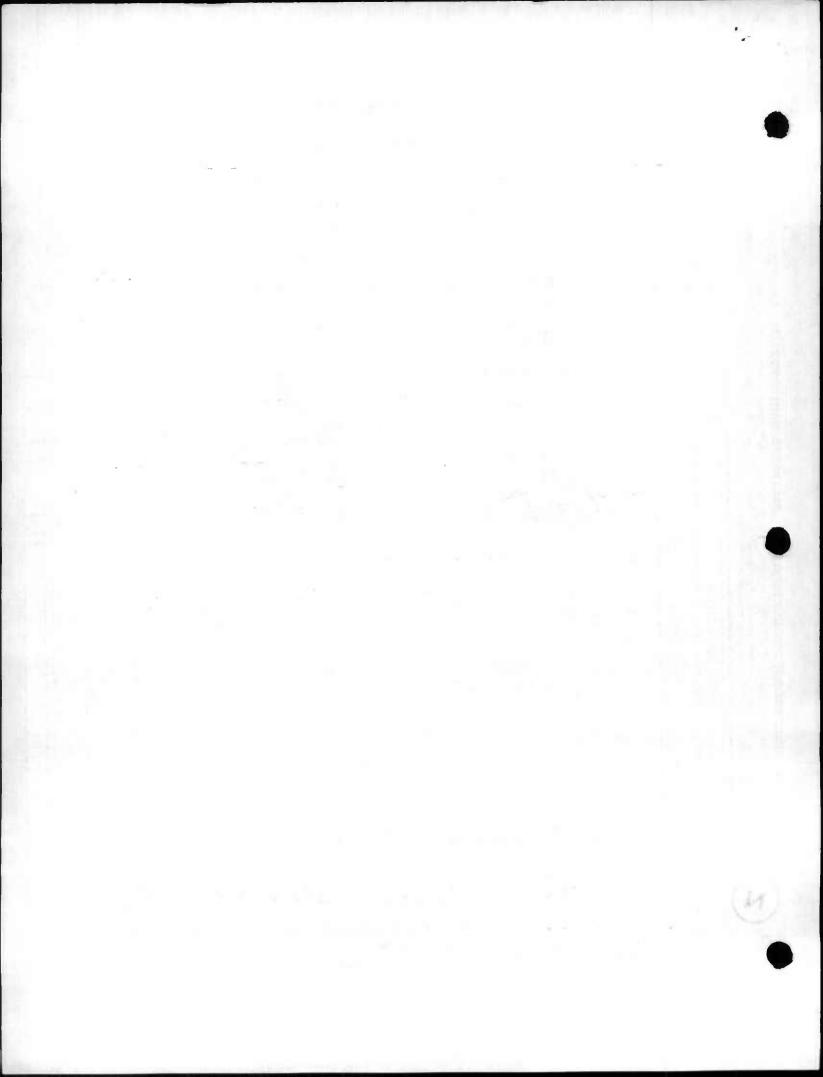
1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AN E OF DEATH	D MENTAL HYGIE	NE	00355
1. DECEDENT'S NAME (First, Middle, Last	ŋ			2. DATE OF OEATH		3. TIME OF DEATH
John		Nemes. Jr.		0 1 0	DAY YEAR 7 1992	8:24 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	S. 7. DATE OF BIRTH (Month, Day, Year)	TH 8. BIRTHPLACE (State or Form)			
235-12-0435	1 4M 2 F 7	O YRS. MONTHS	DAYS HOURS MIN	12-30-21		Va.
9e. FACILITY NAME (If not institution, give	street and number)	9b. CIT	Y, TOWN OR LOCATION OF		9c. COUNTY OF	DEATH
2654 Frederic	k Avenue	Ва	ltimore	City	N/A	
RESIDENCE OF DECEDENT		10c. CITY, TOWN				
2654 Frederic RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	/.					10d. INSIDE CITY LIMITS?
	N/A	Baltir			1	1 X YES 2 NO
			10f. ZIP CODE			WHAT COUNTRY?
2654 Frederick	Avenue Balti	more, Md.	21223		U.S.A	
1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 X YES	2 NO	If yes, specify Cuben, Me:	PANIC ORIGIN? (Specify Yorken, Puerto Rican, atc.)	ee or No— 14. RA Bla	CE — American Indian, ck, White, etc.
	1-17-42 2=		1 TYES 2 KNO Sp	ecity:		icffy:
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) N/A 17. FATHER'S NAME (First, Middle, Last)	UCATION	180. DECEDENT'S USUAL C	CCUPATION	16b KIND OF BI	JSINESS/INDUSTRY	
(Specify only highest grad	College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	during most of working	102111110 01 01	5011123371112037AT	
N/A	N/A	Shop Stewar	t-Balto.Bus	iness Forms	-Kaiser	Aluminum
17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maide		
?			?	(wor, modie, marcel	Gurreney	
		19b. MAILING ADDRES	S (Street and Number or Ru	ral Route Number, City or Tox	wn State Zin Code)	
Mrs. Mary Coburn				- Baltimore		223
20e. METHOD OF DISPOSITION	20	D. PLACE AND DATE OF DISPO	SITION (Name of	DATE 200 14	OCATION - City or	
120 Burlel 2 Cremetion 3 Rer	noval from State	metery, crematory or other place rownsville V	ats Com 1-	0_02	ownsville	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		NAME AND ADDRESS OF		MIIDATTIE	, ride
			3512 Frede	rick Avenue	9	
G. Truman Sc			Baltimore,	Md. 21229		
23. PART i. Enter the diseases, or shock, or heart feilure.	complications that cause. List only one cause on o	d the deeth. Do not enter	the mode of dying, a	uch as cerdiac or resp	olratory arrest,	Approximate
IMMEDIATE CAUSE (Final		The state of the s	0			Intervel Between Onset and Death
disease or condition resulting in deeth)	. Athero	sclerate (artiovax	cular Disc	2011	
	OUE TO (OR AS	A CONSEQUENCE OF):				
Sequentially list conditions,	b					
If any, leading to immediata	DUE TO (OR AS	A CONSEQUENCE OF):				
Cause. Enter UNDERLYING CAUSE (Disease or injury	c					
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
Total and dealing Exist	d					
PART il. Other significant conditio	ns contributing to death	out not resulting in the ur	iderlying cause given	In Part I. 24s. WAS AF	Lauronov La	
		or the treatment of	derrying causa giveri	PERFO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 _ YES	NO	COMPLETION OF CAUSE DF DEATH?
						1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL						
EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH	Check only one)		
	1 Inputient 2 ER/Out		sing Home 5 🗵 Residence	e 6 Other (Specify)		
1 X YES 2 NO		28b. TIME OF	28c. INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURED	
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	INJURY				
	(Month, Day, Year)	M	1 YES 2 NO			
27. MANNER OF DEATH 1	(Month, Day, Year)	M / — At home, ferm, street, fect	1 YES 2 NO	281. LOCATION (Street City or Town, State	end Number or Rural	Route Number,
27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Day, Year) 26e. PLACE OF INJURY	M / — At home, ferm, street, fect	1 YES 2 NO	281. LOCATION (Street City or Yown, Stete	end Number or Rural	Route Number,
27. MANNER OF DEATH 1	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, street, fect	1 YES 2 NO	City or Town, State,)	Route Number,
27. MANNER OF DEATH 1 Natural	(Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, street, fect	1 YES 2 NO ory, office	City or lown, Stete	nner ee etsted.	
27. MANNER OF DEATH 1 Natural	(Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spe SICIAN: To the best of my know ER: On the basis of examination	f — At home, ferm, street, fect	1 YES 2 NO ory, office me, date end piece, end d pinion, death occured at t	ue to the ceuse(e) and me	nner se stated, nd due to the cause(s) end menner ee stated.
27. MANNER OF DEATH 1	(Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spe SICIAN: To the best of my know ER: On the basis of examination	f — At home, ferm, street, fect	1 YES 2 NO ory, office	ue to the ceuse(e) and me	nner se stated, nd due to the cause(
27. MANNER OF DEATH 1 Natural	26e. PLACE OF INJURI building, etc. (Spe BICIAN: To the best of my know ER: On the basis of examination	/ — At home, ferm, street, fect crity) riedge, death occurred at the ten end/or investigation, in my o	1 YES 2 NO ory, office ime, date end piece, end dipinion, death occured at to 29c. LICENSE N	ue to the ceuse(e) and me	nner ee etsted. nd due to the cause	s) end menner ee stated.
27. MANNER OF DEATH 1	26e. PLACE OF INJURI building, etc. (Spe BICIAN: To the best of my know ER: On the basis of examination	/ At home, ferm, street, fect city) redge, death occurred at the ten end/or investigation, in my of	1 YES 2 NO ory, office Ime, date end piece, end dipinion, death occured at to 29c. LICENSE N	ue to the ceuse(e) and me the time, date and place, er	nner ee etsted. nd due to the cause	s) end menner ee stated. O (Month, Day, Year)
27. MANNER OF DEATH 1	26e. PLACE OF INJURI building, etc. (Spe BICIAN: To the best of my know ER: On the basis of examination	At home, ferm, street, fect riedge, death occurred at the ten end/or investigation, in my of the ten end/or investigation, in my of the ten end/or investigation, in my of the ten end/or investigation, in my of the end/or investigation, in my of the end/or investigation, in my of the end/or investigation, in my of the end/or investigation, in my of the end/or investigation and investigati	1 YES 2 NO ory, office me, date end piece, end d pinion, death occurred at t 29c. LICENSE N	ue to the ceuse(e) and me the time, date and place, er	nner ee etated. Ind due to the cause(s) end menner ee stated. O (Month, Day, Year) 7 1992

A throseastic Care

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	THE THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	within 72 hours after death with the State Dept. of Health and Mental Hyglene phot to bunal, cremation, or removal.	MCHTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumallo event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENI REG. NO.	E				
	LINCI	ble	Nukolcza	K	2. DATE OF DEATH January 3,	1992 YEAR	3. TIME OF DEATH 4:40 P M			
	4. SOCIAL SECURITY NUMBER 220-09-2147	1 M 2 □ F	71 YRS. M	F UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-13-192	0 BIFTTE Count	PLACE (State or Foreign ARYLAND			
TOR	90. FACILITY NAME (If not institution, give FRANKLIN SQUARE RESIDENCE OF DECEDENT		•	Baltimore	9c. COUNTY OF DEATH Baltimore					
DIRECTOR	10a. STATE 10b. COUN	BALTIMORE	10c. CITY, 1	OWN OR LOCATION ESSEX			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 803 GLASS AVENUE			101. ZIP CODE 21	221	10g. CITIZEN OF V	VHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puerto Ricen, etc.)	or No — 14. RACI Black Speci	E — American Indian, k, White, atc.			
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 7TH GRADE	UCATION le completed) College (1-4 or 5+) N/A		UAL OCCUPATION I done during most of working stired.) WRIGHT	166. KIND OF BUS	INESS/INDUSTRY	CORP			
BE CO	17. FATHER'S NAME (First, Middle, Last) THEODORE NUKOLCZA 190. INFORMANT'S NAME (Type/Print)	NK .		ANTO	INETTE ANTO	NSWSKI				
10	ROSE MARIE PARROT		2840 PI	ORESS (Street and Number or Rura AINFIELD ROA	D BALTIMO	RE, MD	21222			
	20b. PLACE AND DATE OF DISPOSITION (Name of Completely of									
	· South	1 for		OUDA-RUCK FUN 7922 WISE AV	ENUE DUNDA.	LK MD	K INC. 21222			
CERTIFICATION	23. PART I. Enter the diseases, pricomplications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	ns contributing to death I angrenous Le	put not resulting in t ft Foot	ha undariying cause given i	n Part i. 24a. WAS AN A PERFORM 1 TYES 2	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 V Inpetient 2 ER/Out		26. PLACE OF DEATH (CT Nursing Home 5 G Residence						
BY	1 V Netural 5	(Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spe	/ — At home, farm, stre	M 1 YES 2 NO	281. LOCATION (Street an City or Town, State)		oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my know ER: On the bests of examination	riedge, death occurred a	t the time, date end place, and du	e to the cause(e) and menn	ner se stated.	end menner ee stated.			
TO BE C	296. SIGNATURE AND THOSE OF CENTURE 30. NAME AND ADDRESS OF PERSON W	5 PG	Y-3	29c. LICENSE NI	MBER 1022	29d. DATE SIGNED	(Month, Day, Year)			
	P. LoPresti, M. [9000 FY	anklin Squ	are Drive Ba	ltimore, MD	21237				
	JAN U 8 199	36 June David	More jumped	-			DHMH-16 Ray 1/89			





	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Lest) LEE	Α.	(RC	Roberson BINSON), JR	2. DATE OF DEATH MONTH	DAY	EAR	TIME OF DEATH 2:17 A M
	4. SOCIAL SECURITY NUMBER 214-31-1901	1 💢 M 2 🗌 F	12 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 - 30 - 1	79	Country	ACE (State or Foreign
ECTOR	9a. FACILITY NAME (If not institution, give stitution, give stitution), give stitution give stitution give stitution. 4551 FINNEY AVI RESIDENCE OF DECEDENT			BALTIM	ORE	DEATH	9c. COUNT	Y OF DEAT	Н
DIR	10a. STATE 10b. COUNTY		10c. CIT	Baltimore					d. INSIDE CITY LIMITS? X YES 2 NO
NEBAL	100. STREET AND NUMBER 4551 Finney Ave			10	21215		10g. CITIZE		T COUNTRY?
BY FUNI	11. MARITAL STATUS 1 \(\sum \) Never Married 2 \(\sum \) Married 3 \(\sum \) Widowed 4 \(\sum \) Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yea, s	CENDENT OF HISP/ pecify Cuban, Maxic S 2 X NO Spec	ANIC ORIGIN? (Specify can, Puarto Rican, etc.) ify:	Yes or No- 14	Black, W	Aderican Indian, hita, atc. Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	USUAL OCCUPATI vork done during m e retired.)		16b. KIND OF	BUSINESS/INDUS	TRY			
BE CO	17. FATHER'S NAME (First, Middle, Last) Lee A Roberson 19a. INFORMANT'S NAME (Type/Print)				Darlene				
2	Jeanie Hall			4551 Finn	iey Avenue	Baltimore,	Md 21215		
	1\(\triangle \) Burlai 2 \(\triangle \) Cremation 3 \(\triangle \) Ramo 4 \(\triangle \) Donation 5 \(\triangle \) Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State	ob. PLACE AND DATE (emetery, crematory or of King Men	portal Par	k	11192 Ra	ndallstow		
	Sala Sala	March			on F/H Wes Ch F/H Wes CO Wabash				
RTIFICATION	23. PART I. Enter the diseases, or co ahock, or heart failura. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS	each line. A CONSEQUENCE OF	j; ;;	de of dying, au	ch as cardiac or re	apiratory arreat		Approximata interval Between Onset and Death
MEDICAL CE	PART II. Other aignificant conditions	contributing to death	but not resulting i	n the underlyin	g cauae given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED?	CON OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\subseteq \text{NO} \)
PHYSICIAN:		HOSPITAL:		OTHER:	LACE OF DEATH (C)				
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year) 0 1 - 0 4 - 1 9	28b. TIME 1NJU 1992 ?	OF 28c. IN.	URY AT ORK? YES 2 X NO	6 Other (Specify) 28d. DESCRIBE HON SUBJECT	HANGE	D SE	ELF
ETED	3 Suicida a Could not be determined	building, etc. (Sp	HOME				NNEY A		SALTO, MD
COMPLET	(Check only one) 2 MEDICAL EXAMINER:	AN: To the beat of my kno On the beals of examinati	wiedge, death occurre ion and/or investigation	d at the fime, data n, in my opinion, d	and place, and dur	o time, data and place,	anner as stated.	euse(s) and	f manner as stated,
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF D	FATIL CITTLE AND CT		O . C . M		29d. DATE SI		
	FRANKS OF PERSON WHO TRANKS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	-1	111 N. P		REET BA	ALTIMORE	, MARYL	AND	21201
	JAN 0 9 1992	Julia Daine	Iron Banda M	*					DHMH-18 Rev 1/89

DHMH-18 Rev 1/89

P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. 3. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 and the batter Degr. or Health and Mental Hygiene prior to burial, certificate, refrond.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the after being within 72 hours after death with the State Degit of Health and Mental IMPOPITAMY: If them 28 is marked on them 25 shows any intury.	The state of the s

should

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFIC	MENT OF HEALTH ANI CATE OF DEATH	MENTAL HYGIE		00358			
	1. DECEDENT'S NAME (First, Middle, Last	0			2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATN			
	TERESA 4. SOCIAL SECURITY NUMBER	<u> </u>	ROZZELI		01 0		6:04A M			
	218-76-1750	1 🗆 M 2 💢 F		IF UNDER 1 YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN		Cour	HPLACE (State or Foreign Itry) N.Y.			
OR	99. FACILITY NAME (If not institution, give street and number) 24 12 LOYOLA NORTHWAY 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH									
घ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TY	10c CITY	TOWN OR LOCATION						
DIRECTOR	Md			timore			10d. INSIDE CITY LIMITS?			
AL	10e. STREET AND NUMBER		Dair	101. ZIP COOE		10g, CITIZEN OF	1 X YES 2 NO			
E	2412 Loyola Nort	thway Apt 302				US				
BY FUNERAL	11. MARITAL STATUS 1 XX Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y. IF YES, GIVE WAR OF	PANIC ORIGIN? (Specify Yee or No— leen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. Specify: Black							
ED	15. OECEDENT'S ED	UCATION	18. DECEOENT'S US	SUAL OCCUPATION	16b. KIND OF B	USINESS/INDUSTRY				
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	rk done during most of working retired.)						
BE CON	17. FATNER'S NAME (First, Middle, Lest) Tommie Rozzell			18. MOTNER'S Virgin	NAME (First, Middle, Maide	n Surneme) Braveboy				
TO B	19a. INFORMANT'S NAME (Type/Print) Virginia Mott			DDRESS (Street and Number or Rur Rockdale Terrace		wn, State, Zip Code) imore, Md 2	1207			
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Rar		20b. PLACE AND DATE OF	DISPOSITION (Name of		OCATION — City or T				
	4 Denetion 5 Other (Specify)		cametary, crematory or othe King Menor	rial Park	1/7/92 Ran	dallstown,	Md			
	21. SIGNATURE OF FUNERAL SERVICE L	narch	/	22. NAME AND ADDRESS OF March F/H West 4300 Wabash	t					
	23. PART I. Enter the diseases, or abook, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	. List only one cause of	each lina.	stantar tha mode of dying, and		piratory arreat,	Approximata interval Between Onset and Death			
TION	OUE TÓ (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events out to (or as a consequence of):								
9	reaulting in death) LAST		A GONGEOGENCE OF J.							
~ I	reaulting in death) LAST	d	- A GONGEOGENGE OF J.							
	PART II. Other significant condition	d		the underlying causa given i		RMEO?	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
		d		the underlying causa given i	PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	PART II. Other significant condition	d to death		the underlying causa given i	PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	PART II. Other significant condition	d	h but not resulting in		PERFO 1 YES	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATN	d to death	h but not resulting in the but not resulting i	28. PLACE OF OEATN (I	PERFO 1 YES	RMEO? 2 □ NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XY YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	HOSPITAL: I Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	but not resulting in the but not resulting in	28. PLACE OF OEATN (I) DTHER: Nursing Home X X Residence OF Y WORK? 1 YES X X NO	PERFO 1 YES Check only one) 6 □ Other (Specify)	INJURY OCCUREO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year 0 0 28a. PLACE OF INJUR building, etc. (S)	but not resulting in the but not resulting in	28. PLACE OF OEATN (I THER: Nursing Home X X Residence PE 28c. INJURY AT WORK? 1 YES X NO et, factory, office	Check only one) 6 Other (Specify) 28d. OESCRIBE NOW G UN S H O T 281. LOCATION (Street City or Town, State	INJURY OCCUREO WOUND T and Number or Parel II	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUE 0 0 28a. PLACE OF INJUE building, etc. (S) HOME \$\infty\$ 2 4	h but not resulting in the but not resulting i	28. PLACE OF OEATN (I) THER: Nursing Home XXX Residence Proved Monry AT WORK? 1 YES X X NO 1 YES X NO 1 NORTHWAY	PERFO 1 YES Check only one) 6 □ Other (Specify) 28d. OESCRIBE NOW GUNSHOT 28f. LOCATION (Street City or Yown, State BALT	INJURY OCCUREO WOUND T and Number of Purel in I MORE C	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Ybai) 0 1 0 1 28a. PLACE OF INJUR building, etc. (S) HOME \$\iftsize 2 4	h but not resulting in the but not resulting i	28. PLACE OF OEATN (I) PTHER: Nursing Home X X Residence OF WORK? 1 YES X NO et, factory, office NORTHWAY st the filme, date and place, and di	PERFO 1 YES Check only one) 6 □ Other (Specify) 28d. OESCRIBE NOW GUNSHOT 28f. LOCATION (Street City or Town, State BALT use to the ceuse(s) end must	INJURY OCCUREO WOUND T and Number or Purel I T MORE C	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NECK Route Number,			
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXYES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: Image: Ima	h but not resulting in the but not resulting i	28. PLACE OF OEATN (INTERPRETATION OF THE PROPERTY OF THE PROP	Check only one) 6 G Other (Specify) 28d. OESCRIBE NOW GUNSHOT 281. LOCATION (Street City or Town, State BALT use to the ceuse(s) end make the filme, date end place, e	INJURY OCCUREO WOUND T and Number or Flure! I MORE C Inner se stated, and due to the cause(e)	O NECK Floure Number, I TY			
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MAEDICAL EXAMINE	HOSPITAL: Image: Ima	h but not resulting in the but not resulting i	28. PLACE OF OEATN (I) PTHER: Nursing Home X X Residence OF WORK? 1 YES X NO et, factory, office NORTHWAY st the filme, date and place, and di	Check only one) 5 G Other (Specify) 28d. OESCRIBE NOW GUNSHOT 281. LOCATION (Street City or Town, State BALT use to the ceuse(s) end make a filme, date end place, a	INJURY OCCUREO WOUND T and Number or Purel I T MORE C	O NECK South Number, I TY O Menth, Day, Year)			
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 X MEDICAL EXAMINICATION OF STATUME AND TITLE OF CERTIFIER 1 CERTIFIER (Check only one) 2 X MEDICAL EXAMINICATION OF STATUME AND TITLE OF CERTIFIER	HOSPITAL: Image: Ima	h but not resulting in the but not resulting i	28. PLACE OF OEATN (INTERPRETATION OF THE PROPERTY AND AND AND AND AND AND AND AND AND AND	Check only one) 5 G Other (Specify) 28d. OESCRIBE NOW GUNSHOT 281. LOCATION (Street City or Town, State BALT use to the ceuse(s) end make a filme, date end place, a	INJURY OCCUREO WOUND T and Number or Purel is I MORE C Inner se stated, and due to the cause(e	O NECK Note Number, I TY O Menth, Day, Year)			



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1.00 to 1.00 t

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

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	4. SOCIAL SECURITY NUMBER 212-30-2955	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	EAR AYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	E OF BIRTH oth, Day, Year)	, 177		ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give			Tho.	9b. CITY, TO	OWN C	OR LOCATION OF DI		27-32	9c. COUN	TY OF DEAT	Va.
СТОВ	THE JOHNS HOPKI	NS HOSPIT	AL		BALTIMORE CITY BALTIMORE CITY							
DIREC	10e. STATE 10b. COU		CITY, TOWN OR LOCATION ALTIMORE 10d. INSIDE CITY LIMITS?					d. INSIDE CITY LIMITS?				
AL	10e. STREET AND NUMBER			101	. ZIP CODE				EN OF WHA	T COUNTRY?		
NER	905 N. WOLFE STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED						21205				J.S.A.	•
BY FUN	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 X WAR OR DATES	IMED NO	If ye	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify: No Specify: Specify: Specify: No Specify:				American Indian, Infite, atc.		
ETED	(Specify only highest grade completed) (Give kin			CEDENT'S live kind of Do NOT u	USUAL OCCL	PATIC ng mo:	ON st of working	16	b. KIND OF BUS	SINESS/INDU		
<u> </u>	Elementary/Secondary (0-12) 5th	College (1-4 or 5	+)	WER	se reurea.)			F	RUKERT	TERMI	NALS	
E COMPL	17. FATHER'S NAME (First, Middle, Lost) HENRY READ						16. MOTHER'S NA BERTHA	ME (First,	Middle, Malden			
0	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural					
	POCAHONTAS READ			_		_	ST./BALT					
	1 X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata			OF DISPOSITION OF DIS		GARDENS	DA		I MORE		State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 100112				ID ADDRESS OF FA	CILITY	I Drie 1	1110112	, 110	
	WM.C.MARCH F.H./1101 E. NORTH AVENUE										ENUE	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. Chro	Hemio O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC O (OR AS A CONSEC	DUENCE O	y Fo	ılı		hu	chon			Jyeans
	PART II. Other significant conditions of the significant condition	Preun	nonia		In the under	rlying	g cause given in	Part I.	24a. WAS AN PERFOR	MED?	CO OF	FRE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DEATH (Ch	eck only o	ne)			
PHYSIC	1 TES 2 NO		ER/Outpetlant 3	□ DOA	OTHER:	Home	s 5 Rasidenca	6 🗆 Oth	er (Specify)			
ВУ РН	27. MANNER OF SEATH Natural 5 Pending Accident Investigation	,	Day, Year)	-	M 1	WOI	ES 2 NO	28d. DE	SCRIBE HOW IN	IJURY OCCU	RED	
ا ه	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE (building,	OF INJURY — At ho , atc. (Specify)	me, farm, i	itreet, factory,	office		261. LOC City	CATION (Street a or Town, State)	nd Number o	r Rural Route	Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY	/SICIAN: To the best of	my knowledge, da examination and/or i	ath occurre	ed at the time, on, in my opini	data on, de	and place, and due	to the ca	use(a) and man	ner as stated	i. cause(a) an	d manner as stated.
IO BE	296. SIGNATURE AND TITLE OF CERTIF	abi U.	Hoph	ins)		29c. LICENSE NUN	IBER		29d, DATE	SIGNED (MC	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON V	600	Nowolf	e s		sal	hmor		4D 2	2120	5	
	JAN 09 1992	July Davidso	A-A-MANA									
	•											DHMH 16 Paul

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

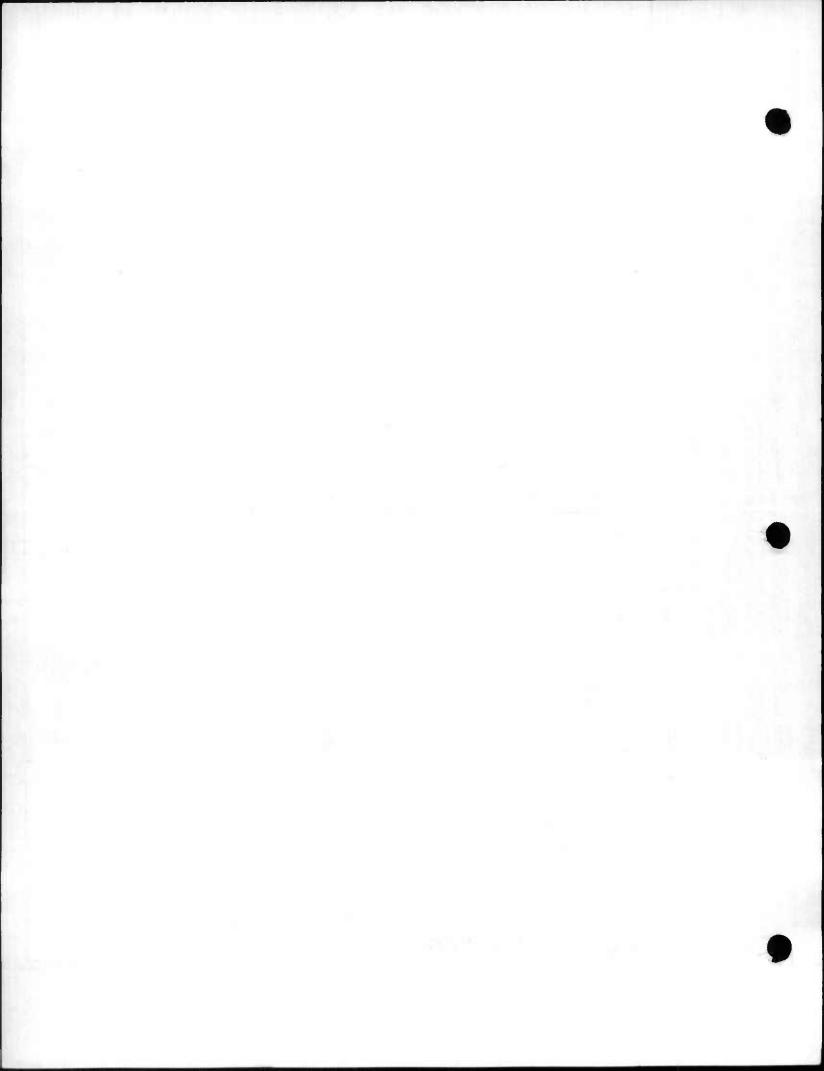
JANUARY 6,

92 00359

3. TIME OF DEATH

2:33p

199 2



92-0065-510

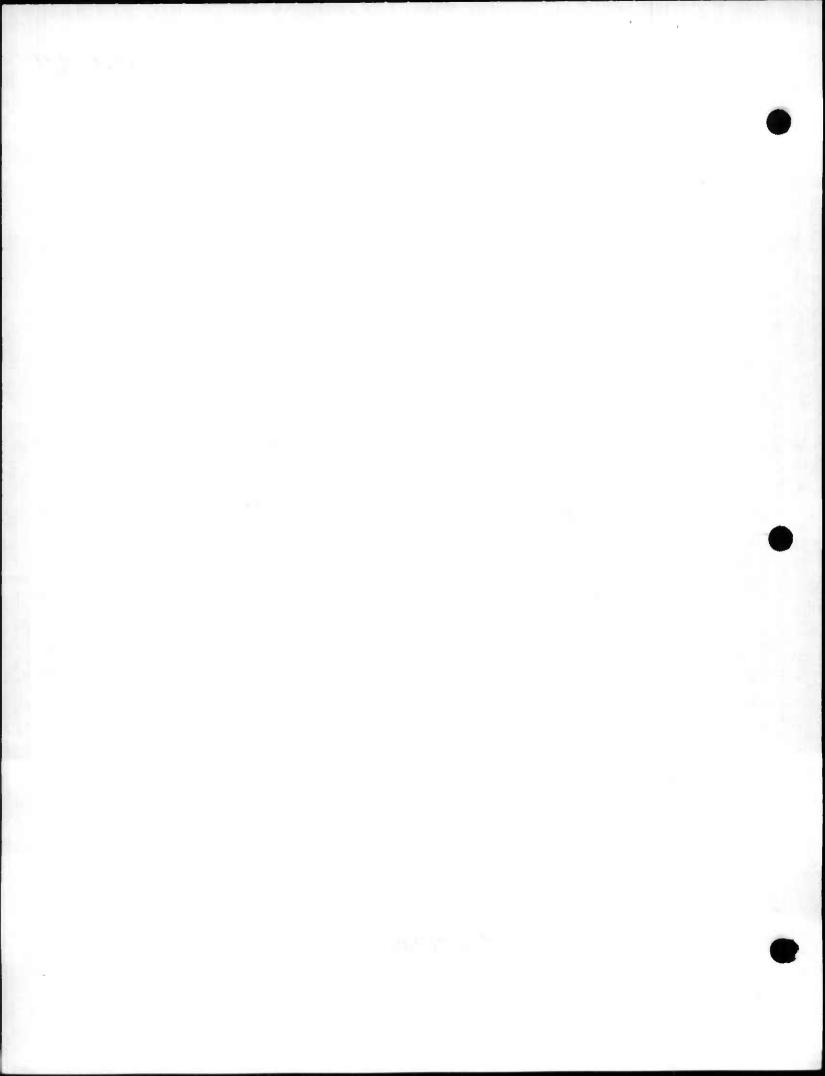
92 00360

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND DEATH		HYGIEN REG. NO		5 4	UU	360	
	1. DECEDENT'S NAME (First, Middle, Lest) VERONICA	ELIZABETH	REESE			2. DATE OF MONTH	DEATH	AY	YEAR	3. TIME OF E	EATH	
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	04	199		11:4		
	215-88-3001 9a. FACILITY NAME (If not institution, give stre	1 M 2 K F	21 YRS.	MONTHS DAYS	HOURS MIN.	(Month, E			Country	MD	r Poreign	
TOR	Rear alley, beh	ind- reet			imore	DEATH		9c. COUNT	Y OF DE	ATH		
DIRECTOR	MD 106. STATE 106. COUNTY			TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO				
FUNERAL	1532 W. LANVALE S	STREET	•	101	. ZIP CODE				N OF W	HAT COUNTR		
UNE		12. WAS DECEDENT EVER IN L	J.S. ARMEO	13. WAS DEC	21217 ENDENT OF HISPA	ANIC ORIGIN?	Specify Var		S.A	- American i	ndies	
BY	1 Nover Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DAT		If yes, sp	2 NO Speci	an, Puerto Rica	en, atc.)		Black, Specify	White, atc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	6a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo.	N st of working	16b. Ki	ND OF BUS	SINESS/INDU	STRY	*-		
APL	Elementary/Secondary (0-12)	College (1-4 or 5+)	UNEMPLO									
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			Sumame)				
BE	GARFIELD JAMES 19a. INFORMANT'S NAME (Type/Print)		T 405 4444 1110 1		CATHER							
5	CATHERINE REESE				ALE ST./	BALTIM						
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State 20b. P comete	LACEAND DATE OF BTERN ST	er place) AR CEME		OATE		ONSVIL				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEK	7		D ADDRESS OF FA	ACILITY	10/11	0110711	,	110		
	*Timet	tex. 9	mes	WM.C.	MARCH F.	H./110)1 E.	NORTH	H AV	ENUE	i	
	Intain Marchare Children (Fig. 1)										Imate Between and Daath	
TION	Sequantially list conditions, If any, leading to immediate										-	
CERTIFICATION	CAUSE (Disease or Injury that Initiated evants Dull TO (OR AS A CONSEQUENCE OF):									-		
ERI	resulting in death) LAST											
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	contributing to death but	not resulting in	the underlying	cause given in		PERFORI	MED?	8	VERE AUTOPS WAILABLE PRI COMPLETION OF DEATH?	DR TO F CAUSE	
AN:	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch							
PHY	27. MANNER OF DEATH	284. DATE OF INJURY	28b. TIME	OF 28c M.II				URY OCCUP	ree	t		
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) Found 01 04 199		id _M 1 □ Y	ES 2 NO		iect					
뎶	3 Suicida 8 Could not be datermined	28s. PLACE OF INJURY — building, etc. (Specify)		eet, factory, offica		City or To	own, State)	nd Number or				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowled	street	at the time date		Rear-				y ST	reet	
MO	one) 2 MEDICAL EXAMINER:	On the basis of examination at	nd/or investigation,	in my opinion, de	ath occured at the	time, date and	I place, and	due fo the c	ause(s) a	ind menner a	stated.	
BEC	295-STERATURE AND TITLE OF CENTIFIER	/			29c. LICENSE NUI	MBER		29d. DATE S	IGNED (A	Aonth, Day, Ye	17)	
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF STATE	I AVEN AS		O.C.M	E		0.1	0.5	1992		
	FRANKEJ. PER	ETIN	111 Pe		eet. B	altim	Ore	Marti	1 2 22	d 211	0.1	
	JAN 0 9 1992	32 PEGISTRADIS SIGNATU	Mandell	200			<u> </u>	лагу	<u>rail</u>	4 4 1 4		



BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deor, of Health and Mental Hydele prior to burial, cremation, or nemonal	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Deor, of Health, and Mental Hydiene prior to burial, cremation, or nemonal.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIE		•		
		INCENT O'ROUR	KE			2. DATE OF DEATH	DAY 79 5	992 3. TIME OF DEATH VEAR OF PROPERTY PM		
	4. SOCIAL SECURITY NUMBER 214-14-8969	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Gey, Year) (OCT . 14, 1		BIRTHPLACE (State or Foreign Country) MARYLAND		
S.	98. FACILITY NAME (If not institution, give ST. AGNES HOSP)		9		R LOCATION OF D			Y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDEN ,		10c CITY I	OWN OR LOCAT						
		TIMORE	100. 0111, 1	RELAY				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10a. STREET AND NUMBER			N OF WHAT COUNTRY?						
S S	1/31 ARLINGTON	1731 ARLINGTON AVENUE ARRITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT.						S . A .		
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYPES IF YES, GIVE WAR OR D	cify Cuban, Mexic 2 K NO Speci	NIC ORIGIN? (Specify Y an, Puerto Rican, atc.) fy:	es or No	Black, White, etc. Specify: WHITE				
ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed)	18a. DECEDENT'S US (Give kind of work life. Do NOT use re	UAL OCCUPATIO done during mos	N t of working	16b, KIND OF B	USINESS/INDUS	STRY		
급	12TH GRADE	College (1-4 or 5+)	POLICE O			BALTIM	ORE COI	UNTY POLICE		
CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)			
BE BE	DANIEL O'ROURI	KE	T 405 MAII INO 44			ET HUNTER				
T 1	BRIDGET DONEHOO)				Route Number, City or To				
examiner must be notified at once. TO BE COM	BRIDGET DONEHOO 217 GLENRAE DRIVE—CATONSVILLE, MD. 21228 20e. METHOD OF DISPOSITION 1 St Burlel 2 Cremetion 3 Ramoval from State 4 Donetion 5 Other (Specify) 218 GLENRAE DRIVE—CATONSVILLE, MD. 21228 20b. PLACEAND DATE OF DISPOSITION (Name of cemetery, crematory or other place) MEADOWRIDGE MEMORIAL PK 1/11 ELKRIDGE									
ulner	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	LIBOWKIDGI	22. NAME AN	AODRESS OF FA	CHITY				
	· M. Meaj	410/ WILKENS AVENUE-BALTIMORE, MD. 21229								
ic event, the medical	23. PART i. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Suspected lung cancer with lymphangite Spral Due to (or as a consequence of):									
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST									
		d								
3 shows any injury, N: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Liver metastases Renal failure 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 PNO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 0	26. PLA	CE OF DEATH (Ch	eck only one)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp		Nursing Home		8 Other (Specify)				
marked BY PF	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	K?	284. DESCRIBE HOW	INJURY OCCUR	RED		
Z8 IS	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree	ot, factory, office		28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
MPORTANT: If Item 2 D BE COMPLET	29a. CERTIFIER (Check only one) 1 DERTIFYING PHYS	ER: On the best of my knowle	edga, death occurred a	t the time, date s	nd place, and due ath occured at the	to the cause(s) and ms time, date and place, a	nner se stated.	ause(a) and manner as stated.		
TO BE	Some N. M	Chinh ms)		D 25	86	29d. OATE SI	GNEO (Month, Day, Year)		
	30. NAME AN" ADDRESS OF PERSON WITH Bru CHOST R. MC	Cardy MD		FANCES	Ana	Balto 1	40	21227		
	31. DATE FILED (MONT), 07. 9 17 1992	32. AEGISTRAP'S SIGNA								



10e. STATE

4. SOCIAL SECURITY NUMBER

218-03-6963

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street and number)

St. Agnes Hospital

IF UNDER 1 YEAR IF UNDER 24 HRS.

Baltimore

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

6. AGE (In yrs. last birthday)

YRS.

1 X M 2 - F

2. OATE OF OEATH

7. DATE OF BIRTH

09/03/18

07

HTHOU

68760, BOX DIVISION OF VITAL RECORDS, P.O.

DIRECTOR 10c. CITY, TOWN OR LOCATION Maryland Baltimore Lansdowne 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 12 Third Avenue Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit 21227 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: MARYLAND 21215-0020 1 Never Merried 2 X Merried BY 3 Widowed 4 Divorced WWII Korea COMPLETED 15. OECEDENT'S EDUCATION ecity only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementery/Secon College (1-4 or 5+) Police Officer City Govt. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) John Reinsfelder Ħ Elsie Connor BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rose M. Reinsfelder 12 Third Avenue, Lansdowne, Maryland 21227 BALTIMORE. þe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 X Burial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) funeral director, Most Holy Redeemer 1/11/92 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY nours after death. Ambrose Funeral Home, Inc. 1328 Sulphur Spr. Rd. Arbutus, Md. n and completely filled in by the to burial, cremation, or removal. the medical 23-PART I. Enter the diseasea, Dr complications that ceueed the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ehock, or heart fellure. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition Massill HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) DUE TO FOR AS A CONSEQUENCE OF: traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST 6 injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL e has been signed by the Dept. of Health and N m 23 shows any inj 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate hideath with the State D marked, or item item HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 1 YES 2 NO OTHER: 4 ☐ Nursing Home 5 ☐ Residence â ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO After t 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide HUNERAL DIRECTOR: A sithin 72 hours after di 95 ETED. 6 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. COMPL PORTANT: II 2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER mont M. Duin Medical Resident A 52438528-783 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AGNES HOSPETAL 900 CATON AL BALT. MO 21229 YUSUF DINCER ST 32. REGISTRAR'S SIGNATURE

3. TIME OF DEATH 10:25 р м 8. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: white 20c. LOCATION — City or Town, State Baltimore, Maryland Approximete interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month Day Year)

ELLI TO TO

DHMH-16 Rev 1/89

5-0020	anding physician. as the bunal-transit permit, Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	uns after death. Page 6 may be retained by the hospital or attein by the funeral director, page 5 should be detached for use removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PURE NATE OF ATTEMPTS. THE law requires that the death certificate be executed within 24 Nous after death. Page 6 may be retained by the lospital or attending physician. PAGE NATE OF EXAMPLE ATTEMPTS ATTEMPTS BEEN Signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	STANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(1	4	IMPO

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIE		00000
	1. DECEDENT'S NAME (First, Middle, Last)	LEONARD CHAI				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH 92 8:46 A. M
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	216-12-5048 9a. FACILITY NAME (If not institution, give	XX M 2 □ F	71 YRS.	18			0 1	CARY LAND
20					DR LOCATION OF I		9c. CDUNTY	Y OF DEATH
DIRECTOR	Francis Scott			Balti	nore CIT	ry		
뿚	MARY LAND		10c. CI1	TY, TOWN DR LOCA				10d. INSIDE CITY
	10e. STREET AND NUMBER	BALTIMORE			DUNDALI			1 VES NO
FUNERAL	4262 LYNHURST ROA	D		10	1. ZIP CDDE 2122	2.0		N DF WHAT COUNTRY?
3	11. MARITAL STATUS		U.S. ARMED	13 WAS DEC		ANIC DRIGIN? (Specify Y		1.S.A.
BY F	1 Never Married Married 3 Wildowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? XX YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecify Cuban, Maxic	en, Puerto Ricen, etc.)	88 OF NO- 14	. RACE — American Indian, Black, Whita, etc. Specify:
ED B		ww						WHITE
	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	Work done during me	DN ost of working	16b. KIND DF B	USINESS/INDUS	
교	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 YEARS		VERAL MA	INTENANO	EF FFD	FRAL GO	VERNMENT
COMPLET	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide		A CIGAMEIA1
BEC	VINCENT RAZOUSKAS				PAUL1	NE GARBIS		
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street e		Route Number, City or To		
	IRENE A. RAZOUSKA			LYNHURST		BALTIMORE		
	20a. METHOD OF DISPOSITION 1. Burial 2. Cremation 3 Rarr 4 Donation 5 Other (Specify)	noval from State 20b.	PLACE AND DATE	ERVICE C	ime of ハカカ 1		OCATION City	
	21. SIGNATURE OF FUNERAL SERVICE U		LLIUF 3					ARYLAND
	- / hall	File		DUDA-	RUCK FUN	PERAL HOME		
	23. PART I. Enter the diseases, or shock or heart failure	complications that caused	the death De-		WISE AVE		DALK MD	
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition regulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	a. Alke	CONSEQUENCE O	holie		horosc		Approximate interval Between Onset and Death
BTIFIG	CAUSE (Disesse or injury that initiated evente resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):				
	PART II. Other significant condition	as contributing to death by	it not requiting	in the rendestries				
IN: MEDICAL	Mester	Mellil. m	Section 1	in the underlying	g ceuse given in	Pert i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 \(\sqrt{N} \) NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL OTHER:	ACE OF DEATH (C)	neck only one)		
PHYSICIAN:	1 ½ YES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 XERUOutpe		4 - Nursing Hom	Marine and the second	8 Other (Specify)		
	Matural 5 Pending	(Month, Day, Year)	286. TIM	URY WO	RK?	28d. DEŞCRIBE HOW	INJURY OCCUR	EO
D BY	3 Suicide S Could not be	25s. PLACE OF INJURY	At home, tarm, a	freet, factory, office		281. LOCATION (Street	and Number of C	N-10-4 A-4
H	4 Hominide determined	building, etc. (Speci	W			City or Town, State)	sural noute number,
COMPLETER	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	dge, death occurre	ed at the time, date	and place, and due	to the country and me		
NO O	MEDICAL EXAMINE	R: On the basis of examination	and/or investigatio	n, in my opinion, de	eath occured at the	time, data and place, a	nd due to the ca	suse(a) and manner as stated.
BE C	296 SIGNATURE AND THE OF CENTIFIER		0		29c. LICENSE NUI			GNED (Month, Day, Year)
TO B	Tral / 19	Thur			0.C.	М.Е.		-4-92
-	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DEA	TH (ITEM 27) (Туре,	Print)				7 /6
	31. DATE FILEO (Month, Day, Year)	CIMMA	111 P	enn Str	eet. B	altimore	Mary	land 21201
	JAN 0 8 1992	32. REGISTRAR'S SIGNA	IUHE					

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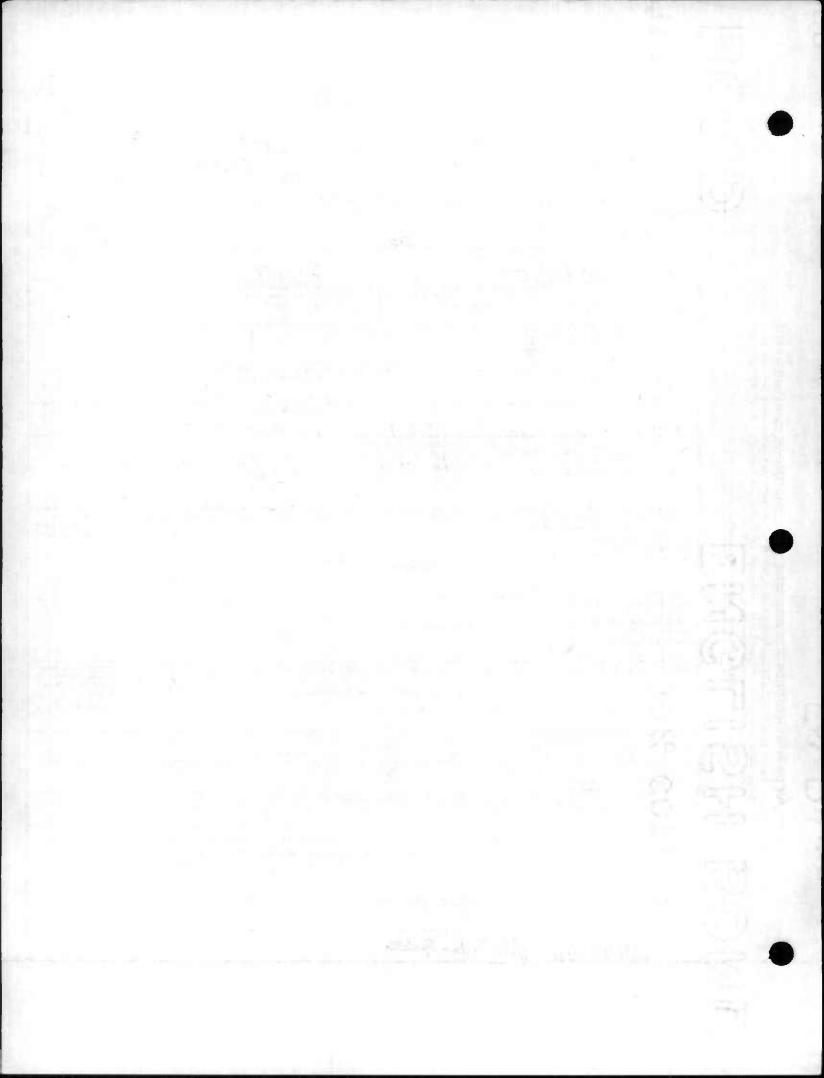
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TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE FUNEFAL DIRECTUR: After this certificate has been signed by the attending physician and completely filled in by the funefal director, page 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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. DECEOENT'S NAME (First, Middle, L		+0					2. DATE (OF DEATH	AY Y	YEAR 3	TIME OF OEATH
Hora			-				1		7	12	12:20
1. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	MONTHS DA	EAR IF UNDER	24 HRS. MiN.	7. DATE (Day, Year)	2 8.	Country)	ACE (State or Foreig
De. FACILITY NAME (If not institution,		1 77	1113.	9h CITY TO	WN OR LOCATION	ON OF DE	O -	-18-1	9c. COUNTY	Y OF DEA	TH
Baltimore (Sulla tes	2000.04	will	Par	doll	LAN	/Jac		SC. COOK!	I OF DEA	
RESIDENCE OF DECEDEN		remember on	SOTH	77000	- Court	3100					
IOB. STATE 10b. CO	UNTY		10c. CITY	Y, TOWN OR L	OCATION						Od. INSIDE CITY LIMITS?
IDe. STREET AND NUMBER			100	2/10	101. ZIP CODI				10a CITIZE		YES 2 NO
3817 Granas	In Ave				7-1	20	7		log. Citize	1/5	h
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARN			DECENDENT O				s or No— 14	4. RACE -	- American Indian,
Never Married 2 Married		1 YES 2 NO	0		s, specify Cuba			lican, atc.)		Specify:	White, atc.
Wildowed 4 Divorced	-1	10000									DIACK
15. DECEDENT'S (Specify only highest	grade completed)	(Gh	CEDENT'S ve kind of v Do NOT us	WORK done during the retired.)	IPATION ng most of workir	ng	166.	KIND OF BU	SINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	(+)	va	in of	Donato		F	Bethlol	nom 3	Stee	21
17. FATHER'S NAME (First, Middle, Las),		100			HER'S NA	ME (First, A	fiddle, Maider	1000	-	
Cytus S	hort				hu	cilla	e	Will	(9ns		
19a. INFORMANT'S NAME (Type/Print)	4 —			ADDRESS (St	treet end Number	or Rural i	Route Numb				
Horace Sh			381		unada	Au	٩		to, red		
20a, METHOD OF DISPOSITION	Removal from State	of cemetary,	crematory	or other place	TION (Name	12	DATE	97 b	CATION — CH	ty or Towi	town Md
Donation 5 Other (Specify)			101	MICH	1 PUNI		1-1-	77/	11 60	4101	01-1-1197
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1	-	22, NA	ME AND ADDRE	SS OF FA	CILITY	1			
23. PART I. Enter the diseases shock, or heart fell IMMEDIATE CAUSE (Finel	D golfn	nat ceused the des	sth. Do r	Ma	erch	F.	HU300	ula	bas V	b A	Approximate interval Betv Onset and D
23. PART I. Enter the diseases shock, or heart fell iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	or complications the ure. List only one or pure to b. Others Due to c.	o (OR AS A CONSECUTION OF OR AS A CONSECUTION	DUENCE OF	fail diove	erch	ing, suc	H W	Uta liac or reap	bas Poliretory arres	st,	Interval Bety
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23. PART I. Enter the diseases shock, pr heart fell immediate CAUSE (Finel disease or condition reauting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST PART II. Other algnificant conductions of the conduction of the c	or complications the series of	of my knowledge, des	DOA 26b. TIM.	orther: OTHER: 4 Nursing ME OF JURY M street, factory	e mode of dy LULU LULu LUlu LULu LULu LULu LULu LULu LULu LULu LULu LULu LULu LULu LULu LULu LULu	given in	Part I. Part I. 28d. DES 28f. LOC Chy	24a. WAS AI PERFO 1 YES T (Specify) CRIBE HOW ATION (Street Or Rown, Stan	N AUTOPSY RMED? 2 NO INJURY OCCU and Number of	24b. 1	Interval Betw Onset and D Were Autopsy Find WAILABLE PRIOR TO COMPLETION OF CALL P DEATH? YES 2 NO



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Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR SINAI HOSPITAL RESIDENCE OF DECEDENT 10a, STATE Phila Pa permit. FUNERAL 10e. STREET AND NUMBER 2037 Federal Street as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried IF YES. GIVE WAR OR DATES BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION asn (Specify only high page 5 should be detached for Elementary/Secondary (0-12) 7th College (1-4 or 5+) be notified at once. 17. FATHER'S NAME (First, Middle, Last) Jack Whitfield 19a. INFORMANT'S NAME (Type/Print) 2 Jackie McCray 20e, METHOD OF DISPOSITION
1 💢 Buriat 2 🗆 Cremation 3 🗆 Ramoval from State must director, Eden Cenetery 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNDAAL SERVICE VICENSEE in by the funeral c removal. medicai filled in by within 24 nours ahock, or heart feilure. List only one cause on each line. ŏ I completely filled irial, cremation, c IMMEDIATE CAUSE (Finei the disease or condition resulting in deeth) event. executed Hygiene prior to burial, traumatic has been signed by the attending physician and Dept. of Health and Mental Hygiene prior to buri CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 6 23 shows any injury, MEDICAL PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem After this certificate State HOSPITAL:
1 | Inpetient 2 X ER/Outpetient 3 | DOA **EXAMINER?** 1 XYES 2 NO the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF with marked, Natural death BY Accident 26s. PLACE OF INJURY — At home, farm, straet, factory, offica building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be DIRECTOR: hours after 28 4 Homicide Hem TO THE FUNERAL C be filed within 72 h 29b. SIGNATURE AND TURLE OF CERTIFIE 불물 BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1016 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lilia Naindras IAN 09 1992

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 04 MONTH NANNIE SAUNDERS P M 6:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH s. BIRTHPLACE (State or Foreign 9-18-1901 DAYS HOURS 218-05-5088-D 1 M 2 W F 90 YRS. N.C. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 19146 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuben, Mexican, Pt

1 YES 2 NO Specify: Specify: **Black** 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Malden Surname) Rena Jones 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5531 Belle Avenue Baltimore, Md 21207 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1992 Collingdale, Pa 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART i. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, **Approximate** intervei Between Onset and Death a. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (OR AS A CONSEQUENCE OF): PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES -E- PO OF DEATH? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ 01/05/92 O.C.M.E. X11 PENN STREET, BALTIMORE, MARYLAND 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

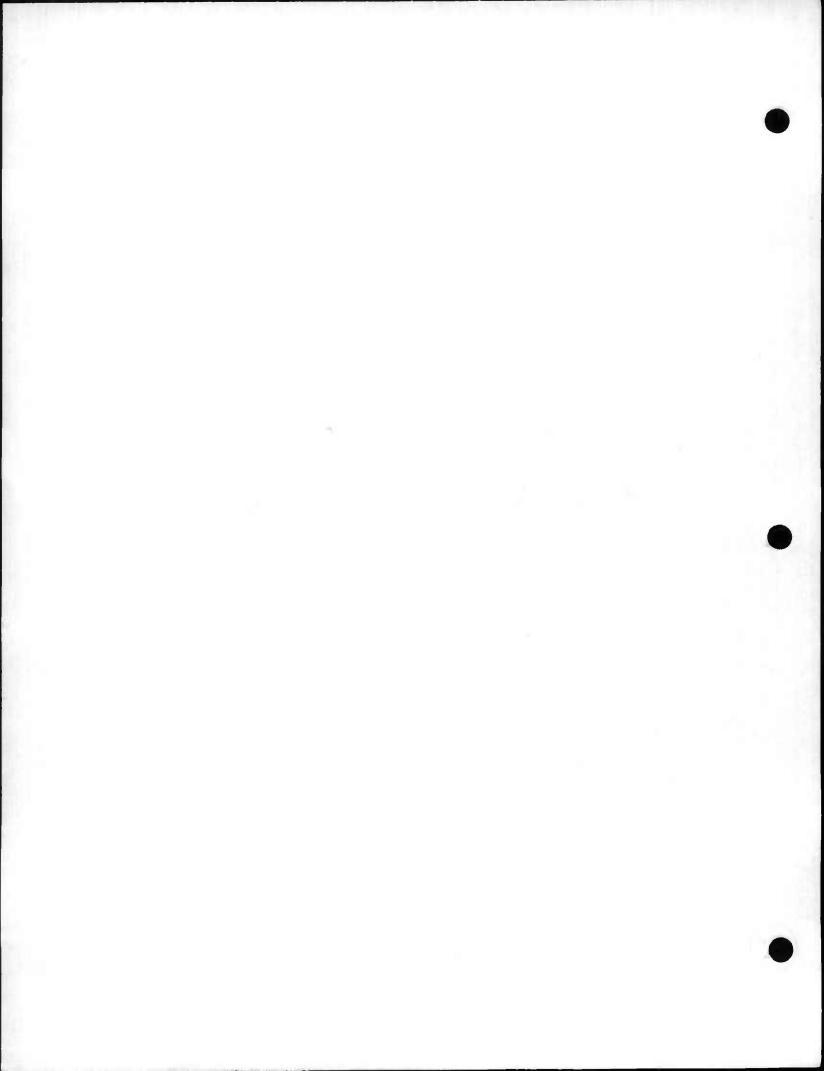
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

		CERTIFICA	ATE OF D	EATH	MENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, Last	")				2. DATE OF DEATH		3. TIME OF DEATH
Oscar Fremont	Smith Sr				MONTH ()	OS 9:	
4. SOCIAL SECURITY NUMBER 216-01-3931	5. SEX 8. AGE (In		1	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	A P	RTHPLACE (State or Foreign untry)
90. FACILITY NAME (If not institution, give	street end number)	9b.	CITY, TOWN OR		201	9c. COUNTY O	F DEATH
RESIDENCE OF DECEDENT	TISPITALI		SWITH	more	, MU		
RESIDENCE OF DECEDENT 100. STATE 100. COUN	тү	10c. CITY, TO	WN OR LOCATION	N CP	MD		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 301 11. MARITAL STATUS	Moluin	AUF	10f. Z	IP CODE) A	10g. CITIZEN C	F WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	J.S. ARMED	13. WAS DECEN	DENT OF HISPAN	IC ORIGIN? (Specify Ye	0 No 14 B	ACE — American Indian,
3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO ES	I If yes, speci	NO Specify	Puerto Rican etc 1	В	lack, White, etc.
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FAFHER'S NAME (First, Middle, Last)	UCATION de completed) College (1-4 or 8 +)	6a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during most of	of working	16b. KIND OF BU	SINESS/INDUSTR	Y
	,		1	8. MOTHER'S NAI	NE (First, Middle, Melder	Surname)	
198. INFORMANT'S NAME (Type/Print)	<u> </u>	T 401 MAIN 1010 1000		C/150	beth	Hooper	
Annette Ki	lgore	322 -	Tulbot	Court	Abing	on, State, Zip Code)	1 21009
20e. METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	moval from State	LACE AND DATE OF DIS		or letens	DATE 200. LO	CATION - City of	Town, State
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	7	22. NAME AND	ADDRESS OF FAC	ILITY	as you	01,110
Sala	Marc	h	Marc	LF.	4 West	Into-de	2 11-0
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS A C		f ur	ina	ny bla	De der	Onset and Death
PART II. Other algorificant condition	na contributing to death but	not resulting in the	e underlying c	ause given in F	Part t. 24s, WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	and Spar	yeepr	Y		_		1 YES 2 NO
JE MAS CASE BETTANDE		ns.					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	E OF DEATH (Chec			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 - ER/Oulpati	ent 3 DOA 4 D	HER: Nursing Home	5 ☐ Residence 8	Other (Specify)		
2 Accident Investigation	1 Inpatient 2 ER/Outpati	28b. TIME OF INJURY	Nursing Home : 28c. INJURY WORK? M 1 YES	AT Residence 8		NJURY OCCURED	
2 Accident investigation	1 Inpatient 2 ER/Oulpati	28b. TIME OF INJURY	Nursing Home : 28c. INJURY WORK? M 1 YES	AT	Other (Specify)		ol Route Number,
EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only	1 ☐ Inpetient 2 ☐ ER/Outpeti 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY— building, etc. (Specify,	At home, farm, street,	HER: Nursing Home 28c. INJURY WORK? 1 YES factory, office	AT 2 NO	Other (Specify) 28d. DESCRIBE HOW I 281. LOCATION (Street City or Town, State)	and Number or Rura	
2 Accident 3 Suicide a Could not be determined 29a. CERTIFIER (Check only)	1	At home, farm, street,	HER: Nursing Home: 28c. INJURY WORK? 1 _ YES factory, office the time, data end my opinion, destr	AT 2 NO	Other (Specify) 28d. DESCRIBE HOW I 28l. LOCATION (Street City or Town, State) the ceuse(e) end manume, date end place, an	and Number or Rura	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WE	28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY— building, etc. (Specify, SICIAN: To the best of my knowled ER: On the best of examination e	At home, farm, street,	HER: Nursing Home: 28c. INJURY WORK 1 YES factory, office the time, data end my opinion, destr	Residence 8 AT 2 NO I place, and due to cocured at the to c. LICENSE NUMBER D 836	Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the ceuse(e) end maime, date end place, and DER	and Number or Rura	e(a) and menner se stated.



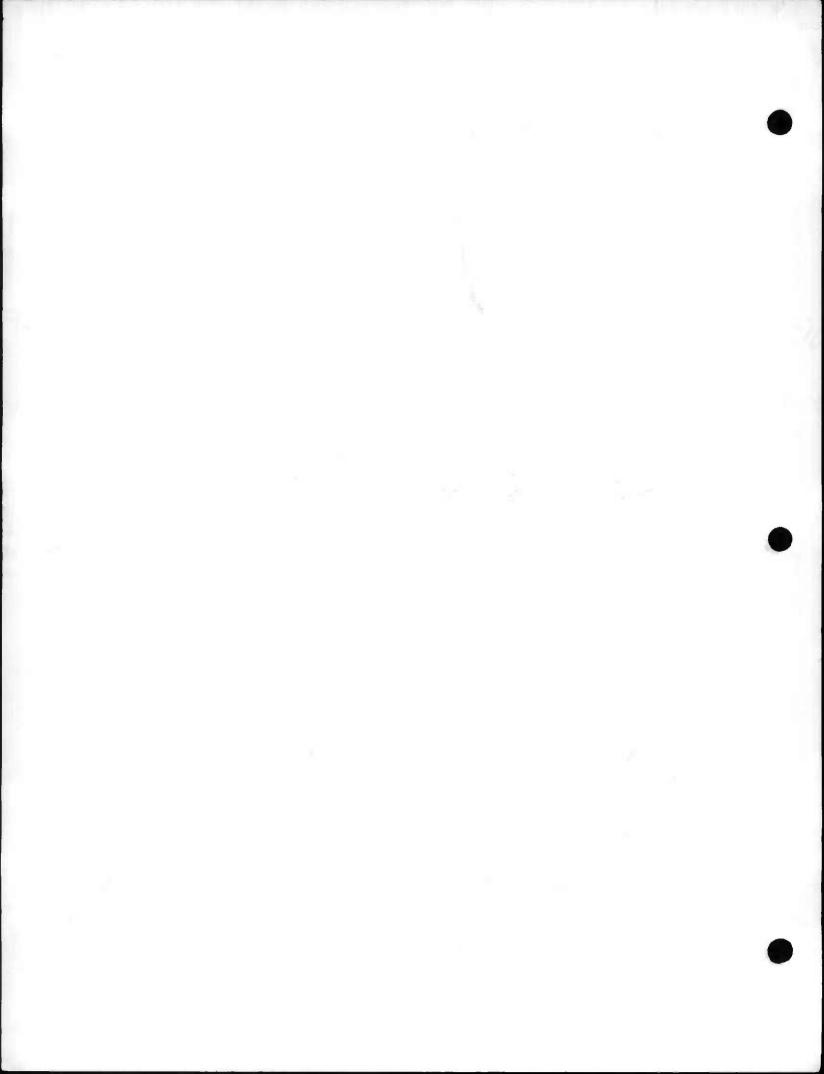


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: THE law requires that the death certificate be executed within 2. Julys a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or ren	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
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AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	dical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	E 97	00367
	1. DECEDENT'S NAME (First, Middle, Last)	Smither	NTHIA	JEAN	SMITH	2. DATE OF DEATH MONTH DA	S 92	3. TIME OF DEATH
	195-44-4555	□ M 212 F 38	YRS.	F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIRTH Sep. (Month, Day Year)	Was	shington
TOR	99. FACILITY NAME (If not Institution, give street 335 Kentucky Av		9		Pasaden		Anne A	Arundel
DIRECTOR	10e. STATE 10b. COUNTY	Arundel		asadeı				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	335 Kentucky A				21122		Inited	States
B	11. MARITAL STATUS 1	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 NO	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Bi	CE — American Indian, ack, White, etc. ecity: White
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementery/Secondery (0-12) 1 2		6a. DECEDENT'S US (Give kind of won life. Do NOT use r Anal	k done during mo: etired.)	N st of working	16b. KIND OF BUS	outers	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Clarence		Cypł	nért		ME (First, Middle, Melden Ores		lstead
10	190. INFORMANT'S NAME (Type/Print) Mr. Paul O. Smi	th, Jr.			nd Number or Aural F y Avenu	e Pasad	n, Stata, Zip Code) ena, M	D. 21122
	20e. METHOD OF DISPOSITION 1 Suriel 2 □ Cremation 3 □ Removal 4 □ Donetion 5 □ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENS	from State G16	en Haver	Mem.	Park 1 D ADDRESS OF FA	/8/92 G1	en Bur	nie, , Md.
	> Shave	Source	ge .	Mc Cu	11y Fun	eral Hom	e of P sadena	asadena , MD. 21122
	23. PART i. Enter the diseeses, or com shock, or heert failure. Liet IMMEDIATE CAUSE (Finei diseese pr condition resulting in deeth) s	only one ceuse on eed	Breast			h ee cerdiec or reepi	ratory srrest,	Approximate interval Between Onset and Deeth 5 1/2 15
CERTIFICATION	Sequentielly liet conditione, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	· · · · · · · · · · · · · · · · · · ·				
MEDICAL	PART II. Other significent conditions of	ontributing to deeth but	t not resulting in	the underlying	g ceuse given in	Part i. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN:		OSPITAL: Inpetient 2 ER/Outpet 26e. DATE OF INJURY (Month, Day, Year)		OTHER: Nursing Hom OF 28c. INJ	URY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
	2 Accident Investigation 3 Suicide 6 Could not be datermined	26e. PLACE OF INJURY - building, etc. (Specifi	- At home, farm, str		/ES 2 NO	26f. LOCATION (Street City or Town, State)		al Route Number,
COMPLETED	(Critical Unity	N: To the best of my knowle						se(e) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	eonich, c	w		29c. LICENSE NUI			IED (Month, Day, Year)
	30, NAME AND ADDRESS OF PERSON WHO C STVAVT E. Se(1)	COULDY, COMPLETED CAUSE OF DEAT OMICY, M. I 32 REGISTRAR'S SIGNA Julia Davidson	D. 51	Frauli	in St.	Annapol	is Wid	21401
	JAN 0 9 1992	Julia Davidson	Fandell					

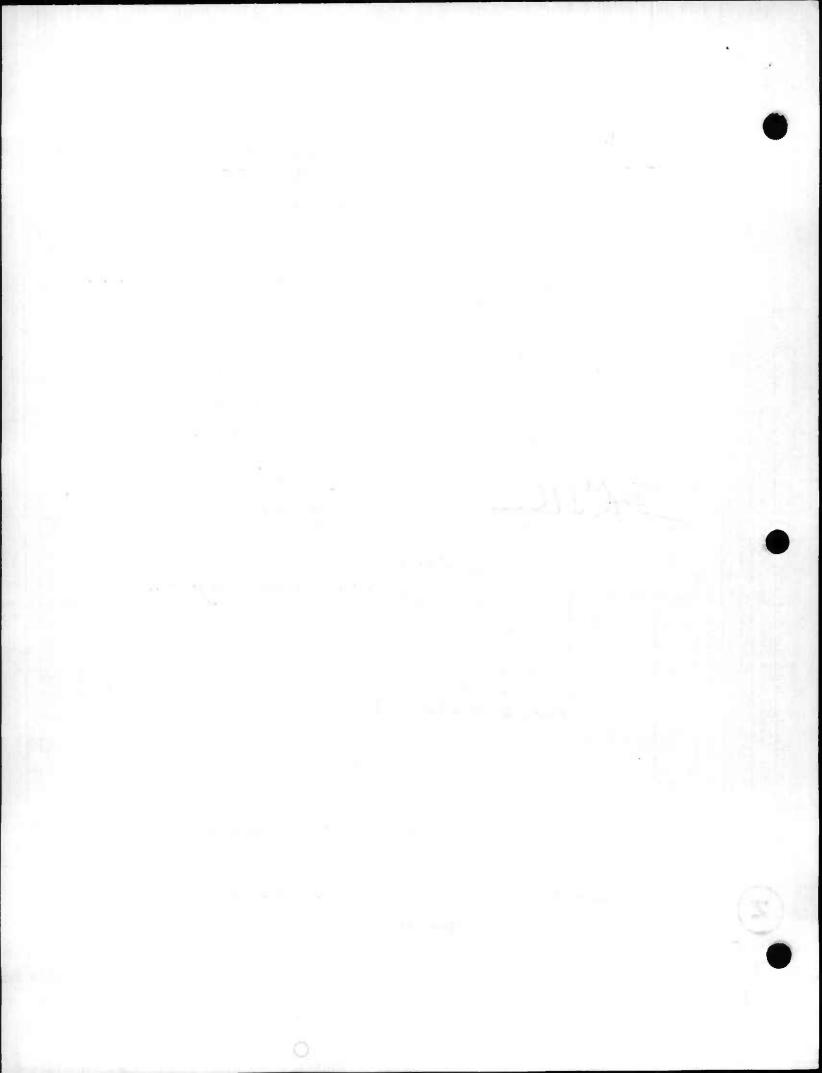


TO IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	HENRY ROMA				2. DATE OF DEATH		EAR 9.30 pm			
	4. SOCIAL SECURITY NUMBER 294-05-7697	1 💢 M 2 🗆 F	73 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign COUPTN) SYLVANIA			
TOR	90. FACILITY NAME (If not institution, give FRANCIS SCOTT KE RESIDENCE OF DECEDENT		NTER		MORE CIT		9c. COUNTY	OF DEATH			
DIRECTOR		LTIMORE	10c. CITY,	TOWN OR LOCAT	DUNDALK			10d. INSIDE CITY LIMITS? 1 YES 2 YNO			
FUNERAL	100. STREET AND NUMBER 7409 BELCLARE RO	DAD		100	ZIP CODE	222	10g. CITIZE	U.S.A.			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Mildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 12 YES IF YES, GIVE WAR OR O	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No- 14.	. RACE — American Indian, Black, White, etc. Specify: WHITE			
TED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S US (Give kind of world) life. Do NOT use	k done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY			
COMPLETED	Elementary/Secondery (0-12) 12TH GRADE	College (1-4 or 5+) N/A	FORE			BETHLE	HEM STE	EEL CORP			
BE CO	17. FATHER'S NAME (First, Middle, Last) ROMAN SULIGA				ANN		SZEWSKI				
2	190. INFORMANT'S NAME (Type/Print) GENE SULIGA		31 08 D	UNG LOW	nd Number or Rurel B	ROUTE Number, City or Town	n, State, Zip Co MARYLA	(ND 21222			
	20a, METHOD OF DISPOSITION 1	noval from State 20t	ACRED OF HEA	DISPOSITION (Na	me of	DATE 20c. LO	CATION - CIN				
	21. SIGNATURE OF FUNERAL MERVICE LI	GENSKE		BUVA-	RUCK FUN	ERAL HOME NUE DUNI	OF DUN	DALK INC.			
	Approximsta interval Between Onset snd Daati deases or condition resulting in death) Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significant condition	es contributing to death be EUSBITT whighle can		4		Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	ack only one)					
HYS	1 TYES PO NO 27. MANNER OF DEATH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28b. TIME C	Nursing Home	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	FD			
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY	— At home, farm, stre	M 1 Y	ES 2 NO						
ETEC	4 Homicide determined	building, etc. (Spec	ify)			28f. LOCATION (Street a City or Town, State)	ind Number or E	tural Houte Number,			
COMPLETED	(Check only one) 29e. CERTIFIER CERTIFYING PHYSIC CERTIFYING	CIAN: To the best of my know R: On the basis of examination	ledge, death occurred on end/or investigation,	it the time, date in my opinion, de	end place, end due eath occured at the	to the cause(e) end mer	iner as stated.	ruse(s) end manner ee stated.			
TO BE C	290- SIGNATURE AND TITLE OF CERTIFIES	ElmW	1		29c. LICENSE NUM			GNED (Month, Day, Year)			
		CEST MISC		Dept	17 ru	EDUNE	FP	7c.			
	JAN 08 1992	32. REGISTRAR'S SIGN.	ATURE mandales		t -						



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

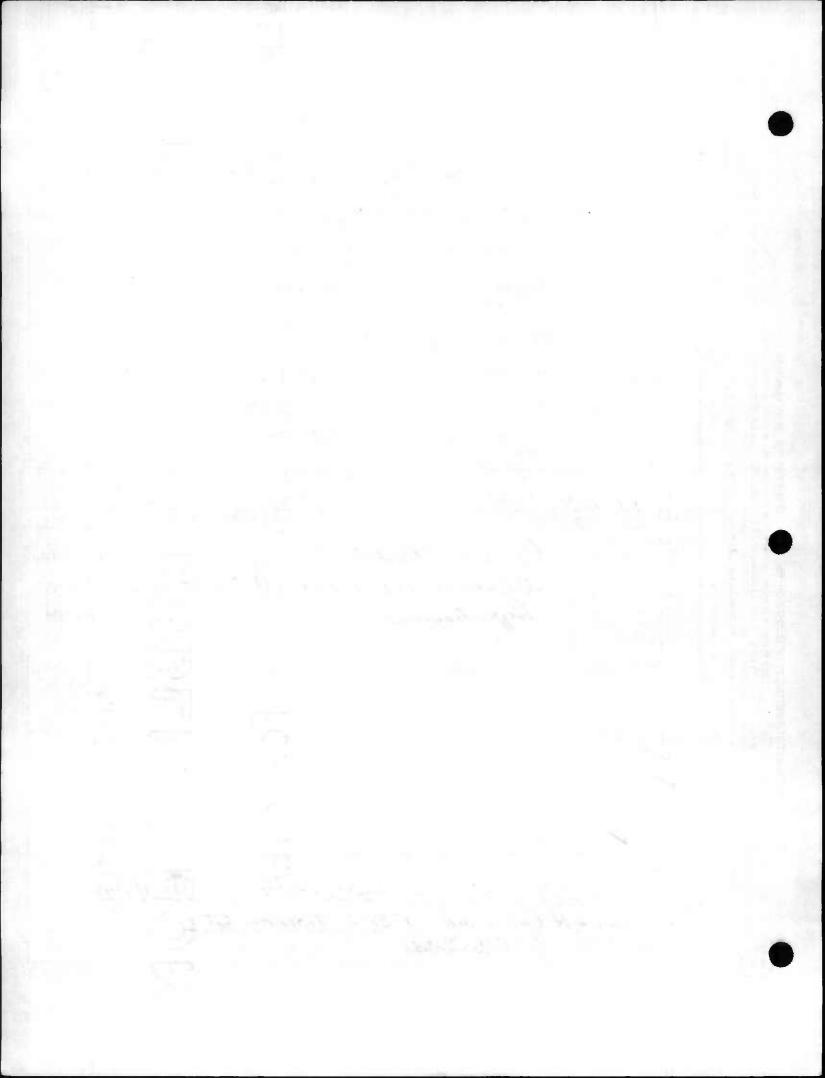
IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1, DECEDENT'S NAME (Fill	st, Middle, Last)	Towns	sond						TE OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NU	MBER		6. AGE (In yrs. las	st birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS	3. 7. DA	- 6 TE OF BIRTH		92 8. BIRTH	PLACE (State or Foreign
224-22-252	26	1 × M 2 - F	6	9 YRS.	MONTHS	DAYS	HOURS MIN.		0-22-22		Country	" Va.
9a. FACILITY NAME (If not		street and number)			9b. CITY	r, TOWN	OR LOCATION OF		0-22-22	9c. COUN	TY OF D	
BON RESIDENCE OF DI 10a. STATE MD		our Ho	spital		В	alt	imore,	Mo	d.			
10a. STATE	10b. COUNT	Υ		10c. CIT	TY, TOWN	OR LOCA	TION					10d. INSIDE CITY
MD	1			В	ALTI	MORE						LIMITS?
10e. STREET AND NUMBE						10	ZIP CODE			10g. CITIZ	EN OF V	HAT COUNTRY?
411 SEAGU	LL AVE						21225				U.S	.A.
10e. STREET AND NUMBE 411 SEAGU 11. MARITAL STATUS 1 Never Married 2 [3 Wildowed 4 D	-	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE W	YES 2 V	RMED NO		If yes, sp	ecify Cuben, Mex	dcan, Puer	GIN? (Specify Yea to Rican, atc.)	or No-	14. RACE Black Speci	E — American Indian, c, Whita, atc. BLACK
15. D (Specify of	ECEDENT'S EDU		16e. DE	ECEDENT'S	S USUAL O	during me	ON est of working		16b. KIND OF BU	SINESS/IND	JSTRY	
15. D (Specify & Specify & 11th 17. FATHER'S NAME (First, 10HN)	(0-12)	College (1-4 or 5+)							DETIL EU	EM CT		
17. FATHER'S NAME (First,	Miridio I not)			KANE	OPE	KATU			BETHLEH		EEL	
JOHN TOWNS							FLOREN			Same in the		
19a. INFORMANT'S NAME		1/4/1	19	b. MAILIN	G ADDRES	S (Street			umber, City or Tow	n, State, Zip	Code)	
GOLDIE TOW	INSEND		4	11 S	EAGU	LL A	VE./BAL	.TIMO	RE, MD	21225)	
20a. METHOD OF DISPOS 1 Burlel 2 XIX rema		noval from State	20b. PLACE					D		CATION — C		
4 Donetion 5 DOtt	er (Specify)		GREEN	NUOMN	_			1	BAL	TIMOF	₹E,	MD
21. SIGNATURE OF FUNE	I SOL	Code					. Marc		.н 11	01 E	. N	orth Ave.
disease or condition resulting in death) Sequentiely list condition if eny, leading to improve cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in death) Light	nediate LYING njury	b. arter	OR AS A CONSE	CLAT QUENCE (tie (Car	mary	ar Ar	teryk	Disea	w	1082 fr. 4to 5 yr. 758 yrs
PART II. Other eignif	-	d	death but not	reauiting	in the u	nderlyir	g cause given	in Part i	PERFO	RMED?	241	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
									1 🖂 YES 2	I ∰-NO		DF DEATH?
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF DEATH	(Check onl)	y one)			
EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 Raalden	ica 6 🗆 C	Other (Specify)	-		
25. WAS CASE REFERRED EXAMINER? 1 DES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, De		286. Ti	ME OF JURY M	W	JURY AT DRK? YES 2 NO		OESCRIBE HOW	INJURY OCC	CURED	
6 Culatela	Could not be determined	28e. PLACE Of building,	F INJURY — At h etc. (Specify)	ome, farm	, street, fac	ctory, offi			LOCATION (Street City or Town, State		or Rurai	Route Number,
Cornect Orny		SICIAN: To the best of NER: On the basis of an										a) and manner as stated.
296 SHOWATURE AND TI	TLE OF CERTIFI	ER 15- C	Me	~	an	(7-	29c, LICENSE	1/0	7	29d. DATE	I/7	(Month, Day, Year)
DR LENGE	OF PERSON W	HO COMPLETED CAUSE			735	E	4Edex	PAL	5t	7		
31. DATE FILE (MOTH, S	1992	Sicherbay	R'S SIGNATURE	400						S- 1		





BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / D CEF	EPART	TMENT OF CATE OF	HEALTH A	ND MEN	ITAL HYGIEN		Å.	UJ/	IJ
	1. DECEDENT'S NAME (First, Middle, La	st)					2. [DATE OF DEATH			. TIME OF DEA	ATH
		ANTHONY		Т	OPPER			11 – 06		YEAR	2:52	рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bli		IF UNDER 1 YEAR	IF UNDER 24	HRS. 7. C	ATE OF BIRTH Month, Day, Year)			ACE (State or F	Foreign
	217-12-1520	1 🕅 M 2 🗆 F	67	YRS.			4	-30-24			SYLVAN	IA
œ	9. FACILITY NAME (If not institution, given UNIVERSITY SH		MA IINTT		96. CITY, TOWN				9c. COUNT	Y OF DEA		
5	RESIDENCE OF DECEDENT		AA UNII		BALTIM	UKE (LIX		N/A ·			
DIRECTOR	10a. STATE 10b. COU	NTY	1	Oc. CITY	TOWN OR LOCA	TION				10	Od. INSIDE CIT	Y
		E ARUNDEL		FER	NDALE					1	LIMITS?	NO
AAL	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?	
BY FUNERAL	115 1st.AVE SO					21061			U.S.	Α.		
교	1 Never Married 2 Married	FORCES? 1	EVER IN U.S. ARMED)	13. WAS DE If yes, s	CENDENT OF pecify Cuban,	HISPANIC OF Maxican, Pur	ilGIN? (Specify Yea arto Rican, etc.)	or No-	I. RACE - Black, V	- American Indi White, atc.	len,
	3 Wildowed 4 Divorced	W.W. I			1 🗌 YE	2 👸 NO	Specify:		- 1	Specify:	WHITE	
COMPLETED	15. DECEDENT'S E (Specify only highest gri	DUCATION acie completed)	10a. DECED	ENT'S L	SUAL OCCUPATI	ON	Т	16b. KIND OF BUS	SINESS/INDUS		WILLE	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use	ork done during m retired.)	ost or working						
MP	8	0	FORE	MAN				MULLA	N CONT	CRACI	ring co).
8	17. FATHER'S NAME (First, Middle, Last)	D						rst, Middle, Maiden	Surname)			
BE	JAMES R. TOPPE	K	405.00				LLA WO					
2	VIRGINIA B. TOP	DED						Number, City or Town				
	20s. METHOD OF DISPOSITION		20b. PLACE AND	_			-	NDALE M	D ZIUC		Cart	
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	movel from State	cemetery cremete	on or oth	er olecel		4	10-92 GI				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		22. NAME A	NO ADORESS	OF FACILITY			MILL	, III	
	*HE Nolser	~ Zuant	m	_				RAL HOM S.W. GL		NTE	MD 21	1061
	23. Part I Emer the diseases, or	r complications that	coused the deeth	. Do no	ot enter the mo	de of dying	, euch as	cerdiec or raspi	ratory arrea	t.	Approxim	
	IMMEDIATE GAUSE (Final	e. List only one cous	e on each line.								Interval B Onsat and	
	diseese or condition resulting in death)	a	evic	1	nlw	184						
		DUE TO (OR AS A CONSEQUE	NCE OF)	: 0							
ON	Sequentially list conditiona,	b	OR AS A CONSEQUE	ICE OF		4					-	
AT	if any, leading to immediate cause. Enter UNDERLYING	552.10 (A A CONSECUE	TOE OF	•							
Ē	CAUSE (Disease or Injury thet initiated evente	OUE TO (C	OR AS A CONSEQUE	NCE OF)	:						 	
CERTIFICATION	resulting in deeth) LAST	d										
2	PART II. Other significant conditi	ona contributing to d	eath but not resu	itina in	the underlyin	n cause oly	an in Part I	. 24a. WAS AN	AHTTOROV	T a.s. 111		
ICAL					are anderryin	g cadae giv	oti iti raiti	PERFOR	MED?	AM	ERE AUTOPSY FI MILABLE PRIOR OMPLETION DF (TO
								WES 2	□ NO		DEATH?	
ä										>	YES 2 🗆	NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEAT	TH (Check onl	y one)				
YSI	1 X YES 2 NO	1 Inpetient 2	ER/Outpetlent 3 🗆 🛭		OTHER: United Horizont Horizonte	e 5 🗆 Reald	enca 8 🗆 C	other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	20a. DATE OF III (Month, Day	(Vear)	b. TIME	RY WO	URY AT	28d.	DESCRIBE HOW IN	JURY OCCUR	ED		
BY	2 Accident Investigation			0:5			SU	BJECT S	STRUC	K B	Y TRA	CTOR
	3 Suicide e Could not b	building, et				0	(OCATION (Street a City or Town, State)				
9	29a. CERTIFIER		ON						COA	T R	DAD	
COMPLETED	(Check only one) 1 CERTIFYING PHY ONE) 2 X XMEDICAL EXAMI	SICIAN: To the best of m NER: On the basis of exa	y knowledge, death o mination and/or inves	tigation.	at the time, data	and place, an	d due to the	cause(a) and man	ner as stated.			
	296. SIGNATURE AND TITLE OF CERTIF				m my opimon, u			and place, and				tated.
BE	Klennin	A 1/h	to nu)		O.C.			29d. DATE SI		onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	WO COMPLETEO CAUSE	OF DEATH (ITEM 27)	(Туре, Р	rint)				. 01	J /	. , , , ,	
	31 DATE EN EQ (Month Co. Mari					TREET	BAL	TIMORE	MARY	LANI	2120	01
	31. OATE FILEO MONTO 0 9 19	32 File D	SIGNATURE AN	dell								



A R M A CONTRACTOR OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR

TO THE HOSPITAL TO THE FUNERAL THE FUNERAL THE FINE WITHIN 72 H IMPORTANT: IT	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANI	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death, Page 6 may be retained by the hos	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detache the first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIN THE HOSPITAL OR TO THE FUNERAL DIRE THE FLOW WITHIN 72 HOUST	VISION	ATTENDING PI	CTOR: After the	28 is mark
TO THE HC TO THE FU THE RIGHT WITH	DIV	SPITAL DR	NERAL DIRE	NT: It Item
		THE HO	TO THE FUI	IMPORTAL

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAI	RTMENT	OF H	IEALTH DEA	AND N	MENTA	L HYGIEN	E	· U	0371
	1. DECEDENT'S NAME (First, ANN	, Middle, Last)	ı							MONT	OF DEATH	•	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	I.	5. SEX	8. AGE (In yrs. le		INCLE				01	06		92	1:00 PM M
	226-32-1575	5	1 🗆 M 2 💢 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	OF BIRTH h, Day, Year) 9,192		Country	PLACE (State or Foreign) GINIA
	9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY,	TOWN C	OR LOCAT	ON OF DE		7,172		TY OF DE	
DIRECTOR	NORTH ARUN	DEL HO	OSPITAL A	SSOCIAT	ION	GI	EN	BURN	IE				A.A.	COUNTY
3.0	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OF	R LOCAT	TION						10d. INSIDE CITY
	MARYLAND 100. STREET AND NUMBER				P.	ASADE								LIMITS?
FUNERAL		INGTO	N DRIVE				101	212					S.A	HAT COUNTRY?
ВҰ	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 Z	PMED NO	11	yes, spe	ENDENT (ocify Cubi 2 NO	or, Maxtean Specify:	, Puerto I	f? (Specify Yas Rican, etc.)	or No—	14. RACE Black, Specify	- American Indian, white, etc. WHITE
	15. DECI (Specify only	EDENT'S EDU highest grade	ICATION COmpleted	18a, D	ECEDENT'S	USUAL OC	CUPATIO	N		16b	KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0 12TH GRADE		College (1-4 or 5		B. Do NOT u	work done du se retired.) SEWIF		st of worki	ng					
	17. FATHER'S NAME (First, MI ASHBY HAR		CD						HER'S NAM		Middle, Malden	Sumame)		
TO BE	19a. INFORMANT'S NAME (7)	/pe/Print)		19	b. MAILING	ADDRESS	(Street a	nd Numbe	or Rural A	oute Numl	ber, City or Town	n, Stata, Zip	Code)	
-	NELSEN FUNE								AVEN	7	CICHMON			
	20a, METHOD OF DISPOSITION 1 Department 2 Cremetto 4 Donetton 5 Other	n 3 🗆 Rem (Specify)	oval from State	20b. PLACE cemetery, co OAKWO	ematory or o	ther place)		me of		1: / 9		CHMONI		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	0		22. N	AME AN	RD F	SS OF FAC	RITY	OME IN		V. V.	1
-	Misto	bene	11/1/1	Ober		41	07 1	TITI	EMC /	A TOTAL	TE DAT	mrs.con	T M	D. 21229
			compliantions the	A manufacture of		1 71	07	MILK	ENS A	AVEN	UE-BAL	TIMOR	E, M	D. 21229
	ehock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	reit rendre.	complications the Liet only one course. Myc Due to	t ceused the dise on each illned COA do	8.	not enter t	the mod	de of dy	ENS A	se cerd	llec or reepl	ratory erre	est,	Approximete interval Between Onset end Death
CATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYIE	ona, liste	s. My 6	se on eech line	OUENCE O	lu for	the mod	de of dy	EINS A	se cerd	UE-BAL	TIMOR	st,	Approximete interval Between Onset end Death
RTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediately in the condition in t	ona, liate NG	s. Myc DUE TO b. DUE TO	CON AS A CONSE	OUENCE O	la for	the mod	de of dy	END A	se cerd	UE-BAL	TIMOR	est,	Approximete interval Between Onset end Death
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in any, leading to immediate ceuse. Enter UNDERLY!! CAUSE (Disease or Injurthat initileted events resulting in death) LAST	ona, liste NG	s. Myc DUE TO DUE TO d.	COA A CONSE	OUENCE OF	lu for	vcf	de of dy	ing, auch	se cerd	UE-BAL	TIMOK	est,	Approximete interval Between Onset end Death
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. 1	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in any, leading to immediate ceuse. Enter UNDERLY!! CAUSE (Disease or Injurthat initileted events resulting in death) LAST	ona, liste NG	s. Myc DUE TO DUE TO d.	COA A CONSE	OUENCE OF	lu for	vcf	de of dy	ing, auch	se cerd	ilec or reeple	AUTOPSY MED?	24b. W	Approximate interval Between Onset and Death I how.
. 1	IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immediate ceuse. Enter UNDERLY!! CAUSE (Disease or injuit that initieted events resulting in death) LAST PART II. Other significant	ona, liate NG Ty	s. Myc DUE TO DUE TO d.	COA A CONSE	OUENCE OF	lu for	vcf	cause (ing, auch	ert I.	24a. WAS AN PERFORI	AUTOPSY MED?	24b. W	Approximete interval Between Onset end Death / How,
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. 1	IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other significant in the condition of the	ona, liate NG Ty	b. DUE TO d. HOSPITAL: 1 Morpetlant 2	OR AS A CONSE	OUENCE OF	OTHER:	vcf	cause (given in F	Part I.	24a. WAS AN PERFORI	AUTOPSY MED?	24b. W	Approximete interval Between Onset end Death / How,
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immediate ceuse. Enter UNDERLY!! CAUSE (Disease or Injurity that initiated events resulting in death) LAST PART II. Other significant in the condition in death in the condition in the	ona, liate NG Ty	b. DUE TO d. DUE TO HOSPITAL:	OR AS A CONSE	OUENCE OF	OTHER:	erlying	ACE OF D	ing, auch	Part I.	24a. WAS AN PERFORI	AUTOPSY MED? NO	24b. W	Approximete interval Between Onset end Death / How,
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injurthat initieted events resulting in death) LAST PART II. Other significant resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 PACIDITY RESULTS IN	ona, liste NG Property Propert	B. DUE TO DUE	OR AS A CONSE	OUENCE OF	OTHER: 4 Nursir	26. PLJ	ACE OF D	EATH (Checaldence 6	Part I.	24a. WAS AN, PERFORI 1 YES 2	AUTOPSY MED? NO	24b. W A C C 1	Approximate interval Between Onset and Death / how VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE TO DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLYII CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other significant in the cause of the cause	ona, liste NG Physical Could not be etermined	B. DUE TO DUE	COA DO CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not i ER/Outpatient 3 INJURY 19, Year) F INJURY — At host. (Specify) my knowledge, de	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE	OTHER: OTHER:	26. PLI 26. PLI WOF 1 Y, office	ACE OF D	given in F EATH (Checaldence 6	Part J. Dart J. Other 28d. DES City c	24a. WAS AN PERFORI 1 YES 2 (Specify) CRIBE HOW IN ATION (Street as or Town, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. WARED	Approximate interval Between Onset and Death / how VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE TO DEATH? YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the couse. Enter UNDERLY!! CAUSE (Disease or Injust that initiated events resulting in death) LAST PART II. Other significant of the couse. Examiner? 1	ona, liste NG Physical Could not be etermined	B. DUE TO b. DUE TO c. DUE TO d. DUE TO d. PLACE OF (Month, De 28a. PLACE OF building, Due 18a. On the besis of ax	COA DO CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not i ER/Outpatient 3 INJURY 19, Year) F INJURY — At host. (Specify) my knowledge, de	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE	OTHER: OTHER:	26. PLI 26. PLI WOF 1 Y, office	ACE OF DO	EATH (Checal aldence 8 NO and due to the till NSE NUME	Part I. Other 286. LOCA City of the cause me, data	24a. WAS AN PERFORI 1 YES 2 (Specify) CRIBE HOW IN ATION (Street as or Town, State)	AUTOPSY MED? NO NO No No No No No No No No	24b. W A A C C C T CRUSS(a) a CRUSS(b) a	Approximate interval Between Onset and Death / Wow Vere Autopsy Findings WALLABLE PRIOR TO JOMPLETION OF CAUSE OF DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition if any, leading to immedicate sequence. Enter UNDERLY!! CAUSE (Disease or injust that initiated events resulting in death) LAST PART II. Other significant resulting in death) LAST PART II. Other significant resulting in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 PR 2 Accident In Accident In Check only One) PRO SIGNATURE OF CERTIFIER (Check only One) SERVICE OF THE CONTROL OF THE	ona, liste NG Illete NG Il	B. DUE TO b. DUE TO c. DUE TO d. DUE TO d. B. CONTRIBUTING to 1 **Congression of the Contributing to 28a. DATE OF (Month, Duliding, Duliding, CIAN: To the best of ax	(OR AS A CONSE (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OUENCE OF OUENCE OUEN	OTHER: OTHER:	28. PL 28. PL 1 YOF 1 YOF 1 YOF 1 YOF 1 ON	ACE OF DO ACE OF DO	EATH (Check aldence 8 NO and due to the till NSE NUME	Part I. Other 286. DES the cause me, data	24a. WAS AN A PERFORI 1 YES 2 e) (Specify) CREBE HOW IN ATION (Street as or Town, State) and place, and place, and place, and	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. WARED JRED A. Cause(a) a Signed (A	Approximate interval Between Onset and Death / Wow VERE AUTOPSY FINDINGS WAIL ABLE PRIOR TO JOMPLETION OF CAUSE OF DEATH? YES 2 NO
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THE STORY, INC. IST. INC. INC. USAGE CONTROL	certificate has been signed	the State Dept. of Health	or them 23 shows any injury or other traumatic event the medical evanings must be existed as some
	nis certifi	th the	d or
2	R: After this	e filed within 72 hours after death with 1	marka
TO NOT THE PORT	TOR: Af	after de	28 le 1
5	DIRECTOR	hours a	fram 2
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	FOR STATE OF MARYLAND / DEDUCTATION OF MEANTING	92 00372
	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT	AND MENTAL HYGIENE TH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH
	ACMA V. WALL	MONTH DAY GOT Z:UC PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER $216-12-3895$ 1 \square M 2 YF 7 YRS. MONTHS DAYB HOURS	24 HRS. 7. DATE OF BIRTH (Month, Dey, Year) 3 - 8 - 9 / 9 (Super Country)
TOR	99. FACILITY NAME (If not institution, give street and number) SING! Ba/40 RESIDENCE OF DECEDENT	ON OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Ba / 40	10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \text{NO} \text{NO} \)
FUNERAL	39/5 Callaway Ane 215	10g. CITIZEN OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 1 Ves, give War or Dates 12. Was DECEDENT EVER IN U.S. ARMED 14. Was DECEDENT O 15. Was DECEDENT O 16. Was DECEDENT O 17. Was DECEDENT O 17. Was DECEDENT O 18. Was DECEDENT O 19	F HISPANIC ORIGIN? (Specify Yea or No— n, Mexican, Puerto Ricen, atc.) Specify: 14. RACE — American Indian, Black, White, etc. Specify: Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) WWSe.'s Alde	9 16b. KIND OF BUSINESS/INDUSTRY
BE CON	Benjamin Mc Caden Ha	MER'S NAME (First, Middle, Maiden Surname) MIR Crawly
5	Ernal Dennett 3902 Fernh	or Aural Aoura Number, City or Town, State, Zip Code)
	20b. PLACE AND DATE OF DISPOSITION 1) Burlel 2 Cremetion 3 Removel from State 4 Donestion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	DATE 20c. LOCATION — City or Town, State 4 8-90 Repty MC
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE March F/H 4300 Wabas	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dyline abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. DUE TO (OR AS A CONSEQUENCE OF):	Intervel Between
NO	DUE TO (OR AS A CONSEQUENCE OF): AP DIVATUM PROMISE B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	nia
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	
岁	d	
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause g	PERFORMED? 1 YES 2 NO AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		1 YES 2 NO
SICIAN		ATH (Check only one)
YSIC	HOSPITAL: 1 YES 2 NO HOSPITAL: 1 ophtlent 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Rea	sidence 8 Other (Specify)
ву РНУ	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY WORK? 1 Netural 5 Pending Investigation 1 YES 2	28d. DEŞCRIBE HOW INJURY OCCURED NO
ETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, lerm, street, lactory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, one) 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred.	end due to the cause(s) end menner as atsted. Indicate the time, date end place, end due to the cause(s) end manner ea stated.
TO BE	bull to the M.D.	NSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 13/92
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, PAQI) SINA I HOSPITAL, BALLINO	re.
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artened	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, cremation, or removal	MPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be markfled as ance

92 00373 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Wilz Doris 92 4. SOCIAL SECURITY NUMBER s SEV 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 AF HOURS 213-03-6224 YRS. 18 18 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Balto, Medical Center Towson Balto 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Balto. Towson 1 TES 2 NO FUNERAL 10e STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 944 Ellendale Drive 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, alc.) 1 YES 2 NO Specify: 14. RACE --- American Indian, Block, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Homemaker Own Home Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE George Phelps Lillian Pieczynski notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph S Wilz Same as 10e 9 20a. METHOD OF DISPOSITION
1 | Burlet 2 | Cremetton 3 | Removal from State
4 | Donetton | Other (Space)/ Entonoment 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Slata must Pulaney Valley Mem. Grdns 1/9/92 Timonium , Md 21. SIGNATURE OF FUNERAL SERVICE LICENSES examiner 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204 One that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, 23. PART I. Enter the diseases, or complice Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** 98 disease or condition resulting in death) VO CAN DUE TO (OR AS A CONSEQUENCE OF) min SCV CERTIFICATION Sequentially list conditions DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 -NO 1 YES 2 -NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA g Home 5 - Raaldenca 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M BY 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — Al home, ferm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide detarmined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the begin of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

341 St. Paul St. Balto.

29c. LICENSE NUMBER

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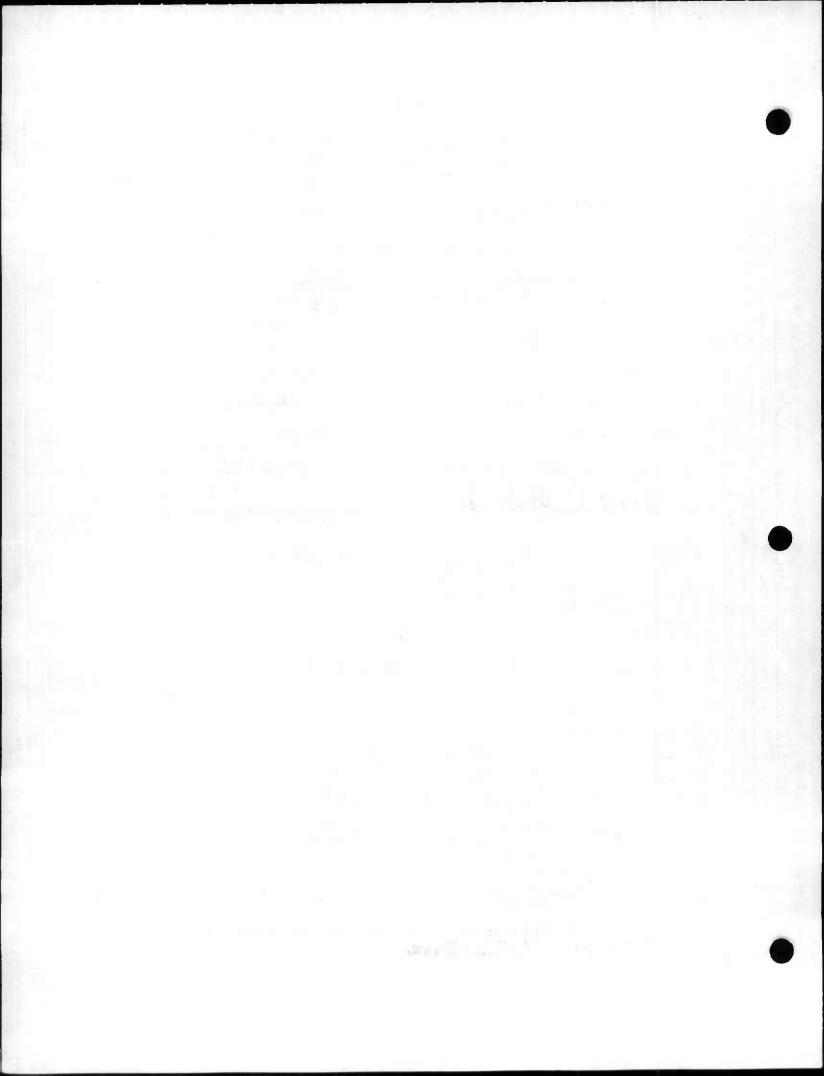
286. SIGNAPUNE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

122, REGISTRAR'S SIGNATURE

Patricia M. Disharoon M.D

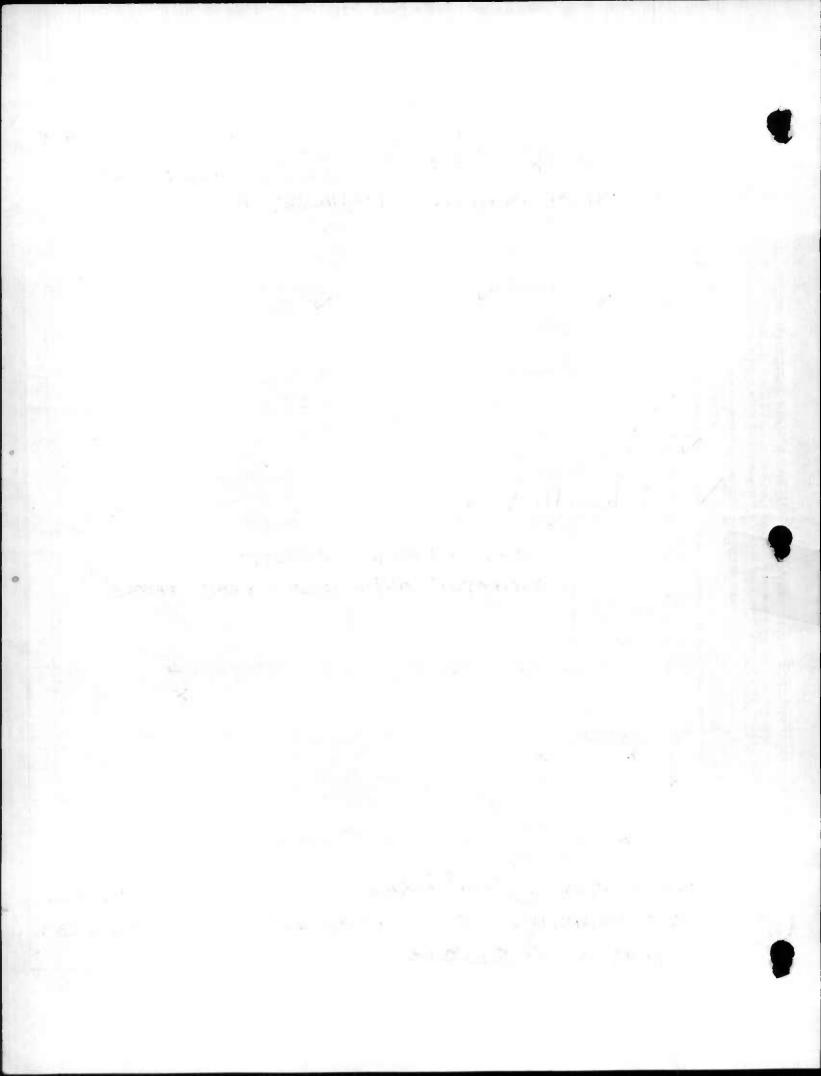
29d. DATE SIGNED (Month, Day, Year)



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	are after death. Page 6 may be retained by the hospital or attending physici	in by the funeral director, page 5 should be detached for use as the bunal-t	removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	AREDONTALITY, IS there on the second of the

_	1 - STATE REGISTRAR		MARYLAND / CE	DEPAR	TMEN	OF H	DEAT	AND	MENTA	HYGIEI			000/1
	1. DECEDENT'S NAME (First, Middle, Last	CHARLES	R. WH	EELF	ER				2. DATE MONTO JA	of DEATH	, 199	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	8	Country)	ACE (State or Foreign
	219-10-6351	1 M 2 🗆 F	67	YRS.					MAY	21,	1924	VIRG	
a a	9a. FACILITY NAME (If not institution, give		CDTTAT		9b. CITY	TO A T				v	9c. COUNT	Y OF DEAT	Н
DIRECTOR	RESIDENCE OF DECEDENT	KITAN TIC	SLITYL		15	'DAT	I I IVI	OKE.	, CIT	1			
H	10e. STATE 10b. COUN	TY		10c. CITY	, TOWN	OR LOCATI	ON					10	d. INSIDE CITY
	MD.					BAL	TIMO	ORE	,CIT	Y		X	LIMITS?
PA	100. STREET AND NUMBER					101.	ZIP CODI				10g. CITIZE		T COUNTRY?
FUNERAL	920 MARLAU DI		***************************************		_				212			U.S	.A.
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARM YES 2 NO AR OR DATES	DED		WAS DECE If yes, spa I PYES	city Cube	n, Mexica	en, Puerto I	? (Specify Ye Ricen, atc.)	s or No 14	Black, W	American Indian, hite, etc. WHITE
1 E	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DEC	EDENT'S	USUAL O	CCUPATION during mos	V of samples		16b.	KIND OF BU	SINESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 i	·) ##0. L	OMPC	e retired.)		Or WORKI	v		PR	INTIN	G	
i tu	17. FATHER'S NAME (First, Middle, Lest) WILLIAM EMM	ET WHEEL	ER							Aiddle, Meider	JRTON		
TO BI	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street an	d Number	or Rural i	Route Numb	er, City or Tox	vn, State, Zip Co	ode)	
	MRS. CATHER		LER 92	20 M	IARL	AU I	DRIV	VE	BAL	TIMO	RE,MD	. 21	212
100	20e. METHOD OF DISPOSITION NU Burlel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AN Cometery, Crem GARR	DDATEO	FDISPOS per placel FO	RES!	e of	ETS.	1/1	20c. LO	CATION — CH	y or Town,	State 21117
	21. SIGNATURE OF FUNERAL SERVICE L	M D	00	1									21212
	wason	11. 6	Rem	K.	H	ENR	Y W.	. JI	ENKI	NS A	ND SOI	NS.B	ALTO, MD.
	23. PART I. Enter the diseases, Dishock, Dr heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CAP Y	se on eech line.	MON	IAR-	1	ANLI	215					Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated evente resulting in death) LAST	c	(OR AS A CONSEQU	CITOL OI	,	2 11	CHET	MIC	tte	AYET	gaq	AE	
		d											
: MEDICAL	PART II. Other significent condition	ns contributing to	deeth but not ra	sulting in	the un	derlying	cause g	lven in	Part I.	24e. WAS AN PERFOI 1 YES	RMED?	CO	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DE	EATH (Che	eck only one	9)		<u> </u>	
PHYSICIAN:	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER	1:			8 Other		-		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, Da		28b. TIME INJU	OF	28c. INJUI WOR	RY AT				NJURY OCCUP	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building, (FINJURY — At home	e, term, st	reet, facto	ory, office			28f. LOCA City o	TION (Street V Town, State)	and Number or	Rural Route	Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	ER: On the besis of ex	my knowledge, death	n occurred	at the ti	me, date e pinion, des	nd place, th occure	end due	to the caus	e(s) and me and place, ar	nner as stated, id due to the c	euse(e) end	d manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE MEDICAL INTENA 30. NAME AND ADDRESS OF PERSON WH	1 pa	on Se	ma	mo		19e. LICE	NSE NUM	H3Bi			IGNED (Mo	nth, Day, Year)
	JASON SORAND 31. DATE FILED (Month, Day, Year)	M.D.	_			AVE	JR	LLY	OIBA	CUTIN	WRE	MD	21239
	JAN 0 9 1992		Son-Ande	BL.									
		1/											DHMH-18 Day 1/8



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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH January 7, 1992 8:05P Anzelmo Anna (AKA Anna Celano) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F HOURS 02/14/1903 212 20 9372 88 Italy Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Center Rossville 21237 Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County 1 YES 2 NO Essex detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 109, CITIZEN OF WHAT COUNTRY? 5 Brett Court Apt. 108 21221 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 🔯 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION

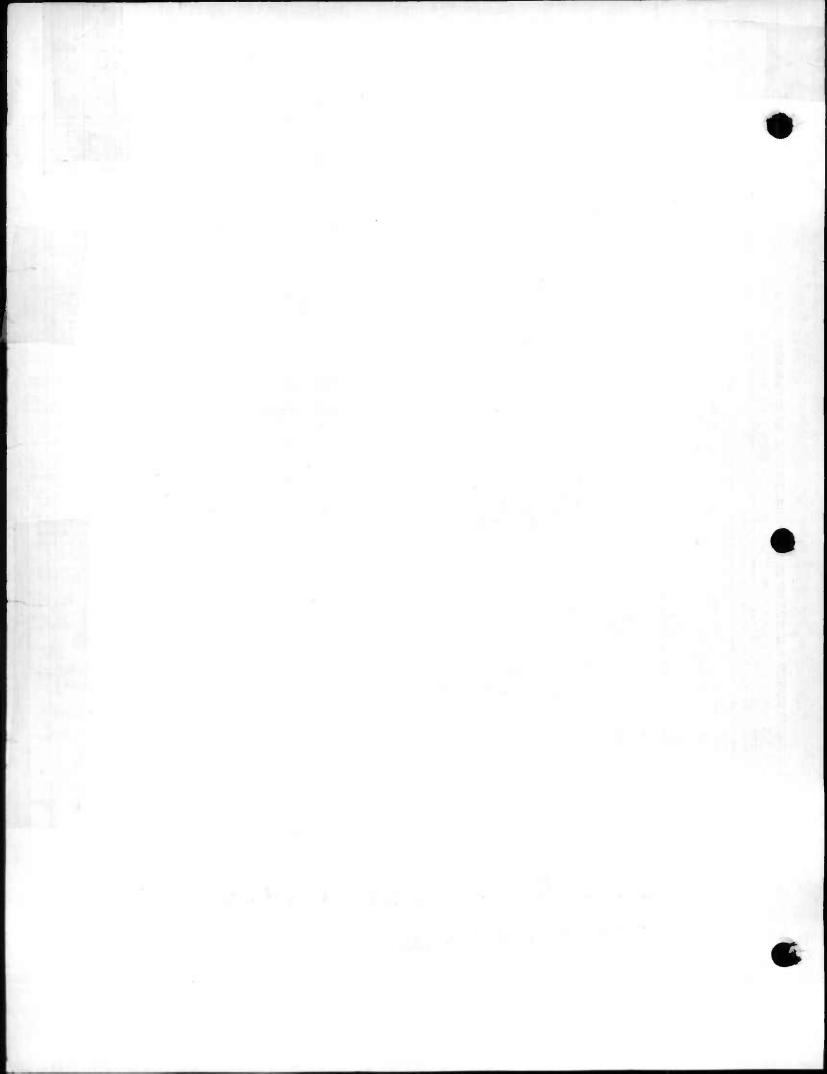
**Think kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 2 Housewife Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Pe 76 Augustino Celenzi BE Maria notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jean Czosnowski 3113 Candle Lane Baltimore Maryland 21237 eq 20a. METHOD OF DISPOSITION 26c. LOCATION — City or Town, State 1 Surial 2 Cremation 3 Removal from State
4 Denation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must funeral director, cometery, cremetory or other place)
Holy Redeemer Cemetery 01/11/92 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A. 1407 Eastern Ave Baltimore MAryland 21221 filled in by the medical 23. PART . Enter the disasses, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one ceuse on sech line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset end Desth the cremation, disease or condition completely Congestive Heart Failure resulting in death) executed within other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): the attending physician and con Mental Hygiene prior to burial, Hypertension
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the death Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES Z NO MEDICAL 24b. WERE AUTOPSY FINDINGS and Status post fracture right hip AVAILABLE PRIOR TO COMPLETION OF CAUSE any this certificate has been signed with the State Dept. of Health a OF DEATH? Anemia Shows 1 TYES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: 1 Tylinpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF marked, 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 9:30P Dec. 23, 1991 1 Netural
2 Accident 5 Pending 1 YES 2 NO Fell. DIRECTOR: After the hours after death villem 28 is mart BY OR ATTENDING 28a. PLACE OF INJURY — At home, farm, streaf, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide COMPLETED 8 Could not be determined 5 Brett Ct. 21221 4 Homicide Home 29a. CERTIFIER (Check only To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL C be filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the besis of examin ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

Dr. S. Felsenberg M. D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATS (THE 27) (Type. 29d. DATE SIGNEO (Month, Day, Year) BE 1/7/92 01083 2 Dr. S. Felsenberg, M. D. 1 E. Chase St. - 21202 JAN 1 0 1992 A. DEGISKAR'S SIGNATURE HENDER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



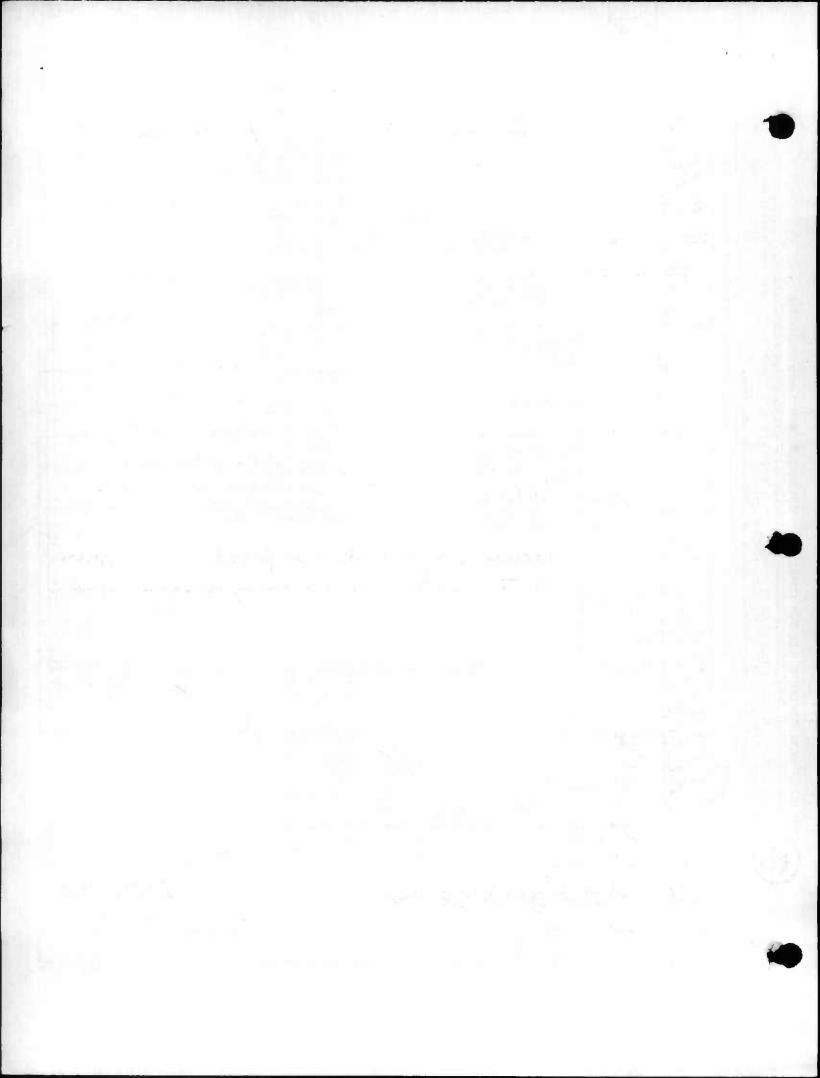
DHMH-16 Ray 1/89

FOR STATE REGISTRAR

3 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within **DIVISION OF VITAL RECORDS, P.O. BOX 13146,**

	1. DECEDENT'S NAME (First,	DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH			924	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. let				t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.				6. BIRTH	PLACE (State or Foreign		
	216-07-9891 1□M2□XF 89			89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	onth, Day, Year) Coul 2.1 02 Ma.1			vland		
	9a. FACILITY NAME (If not in	9a. FACILITY NAME (If not institution, give street end number)				9b. CITY	r, TOWN	OR LOCATI	ON OF DE							
DIRECTOR	Jenkins Memorial Nursing Center						Bal	timo	re			Balti	imore	City		
EC	10e. STATE 10b. COUNTY				10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?		
	Maryland Baltimore City					Ba	1tim	ore						1 XYES 2 NO		
A	10e. STREET AND NUMBER						10	. ZIP COD	Ē			10g. CITIZ	ZEN OF W	HAT COUNTRY?		
E E	1000 S. Caton Avenue							21	2.29			U.	S.A.			
BY FUNERAL		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					If yes, sp	yes, specify Cuban, Mexican, Puerto Rican, atc.) Biac					14. RACE Black Specif	— American Indian, White, etc. by: White		
		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON out of worki	na	168	. KIND OF BU	SINESS/IND	INESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+) life.	Do NOT u	se retired.)	ourning into	ast of worki	.9							
P P		149	(D)	S	ecre	tary					A.S. A		Comp	pany		
8	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT			Middle, Malden					
8	John		A1b								. Mulh					
ဝ	19a. INFORMANT'S NAME (7										ber, City or You					
	Mr. John A.			20b. PLACE						oods	tock,		21163			
	20a, METHOD OF DISPOSIT 1 Buriel 2 Cremetic 4 Donation 5 Other		oval from State	- New	ece)					1/11/9		ltimo				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22. NAME AND ADDRESS OF FACILITY							T			
-	Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133															
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted evants DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
ERT	resulting in death) LAS	T .	d													
MEDICAL	PART II. Other significant conditions contributing to death but not r					in the underlying ceuse given in Part I. 24a. WAS APPERFO					RMED?	24b.	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
NA I	25. WAS CASE REFERRED T	25. WAS CASE REFERREO TO MEDICAL. 26. PLACE OF DEATH (Check only one)														
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	Pit	ne SER								
Y PHYSICIAN:	77 (Carlotte 1975)	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day Year)			395. TH		286. IN.	HIRY AT			Bid. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 25e. PLACE OF INJURY — At hor building, etc. (Spootly)				ome, farm,				28f. LOCATION (Street and Number or Flural Floate Number, City or Town, State)							
BE COMPLET	296. CERTIFIER (Critical only only only only only only only onl															
10	ME-WAME AND ADDRESS O			0		A contract			1.786			/	-0	21220		
	Laurence R 31. DATE FILEO (Month, Day,		32. REGISTR	AR'S SIGNATURE		l].ker	is Av	/enue	E	al.ti	more,	Mary	Land	21.229		
	_ INN 1 0	***	Lulia Dav	idson-Rand	مالات											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



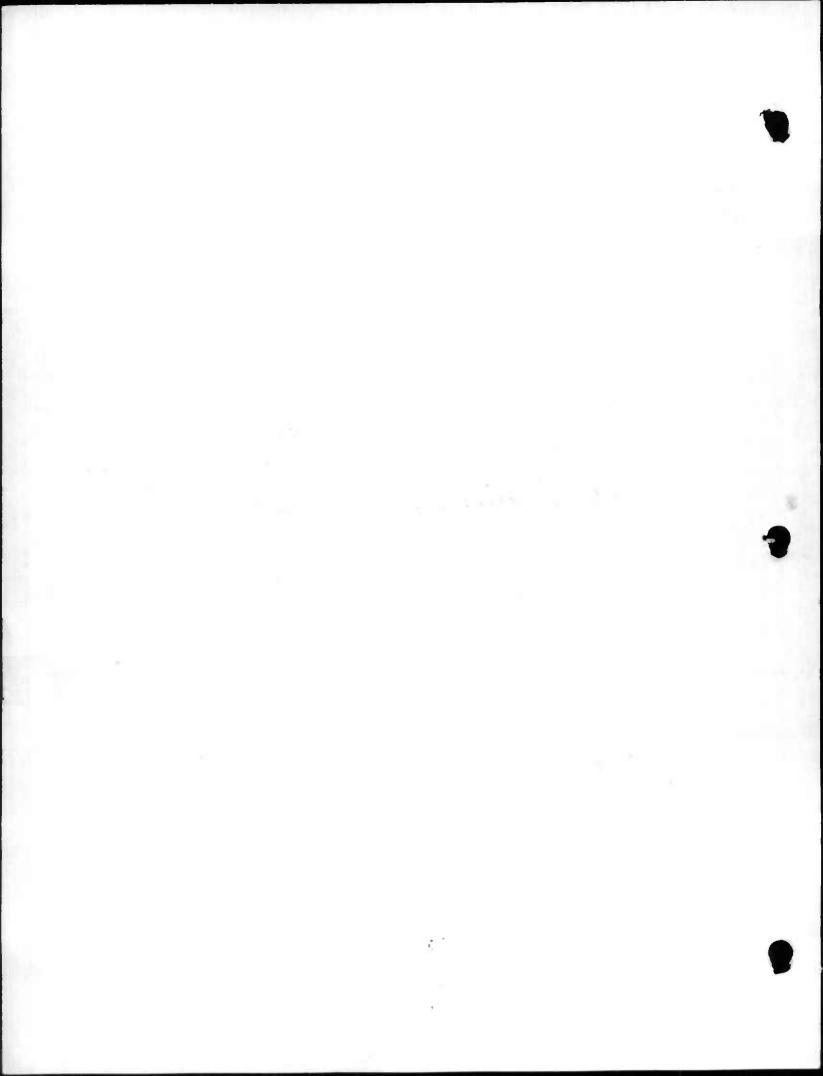
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-sours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi be filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MAYINE R. AURELL						2. DATE OF OEATH MONTH DAY 0 5 9 2			10:50 P.M
	S. SEX 8. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Day, Year)	,	Country)	ACE (State or Foreign
9a, FACILITY NAME (If not institution, give stree	of and number)		9b CITY TOWN	OR LOCATION OF D		2-08	90 COUNT	TY OF DEA	Kansas
St. Agnes Hospita								imor	
10a, STATE 10b. COUNTY		10c, CITY,	TOWN OR LOC	ATION				10	d. INSIDE CITY
MD. BI	ALTO,							1	UMITS? ☐ YES 2 ☐ NO
100. STREET AND NUMBER 715 MAIDEN	CHoice	#40	9 '	01. ZIP CODE 2/22	8		10g. CITIZI	EN OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Newer Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 🖆 🕅 0	If yes, a	CENDENT OF HISPAI pecify Cuban, Mexica S ZYX NO Specifi	en, Puerto R	(Specify Year	or No 1	I4. RACE — Black, V Specify:	American Indian, White, atc. White
15. DECEDENT'S EDUCAT (Specify only highest grade co.	ION mpleted)	16a, DECEDENT'S US	SUAL OCCUPAT	ION	16b.	KIND OF BUSI	NESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor		out or working		0	77		
	KNOWN	Homen	laker			UWII	Home		
17, FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, M	iddie, Maiden S	Surname)		
Earl Regor				Eva Hos	-				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Numbe	er, City or Town,	State, Zip C	Code)	
Jane Croft				d. Baltin	nore,	Maryl	and	2120	4
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 0 I Remayer	if from State cen	D. PLACE AND DATE OF metery, crematory or other	r place)		OATE	1	ATION — CI		•
45-Donation 5-7 Office (Specify)	Ge	o Wash Un	iv Med	School :	1 <u>+7-9</u>	2 Wash	ingto	n, D	.C
VIII	-			nd address of FA		Corrida	00 T		
1/1/1	/acun	•		issouri /					20011
23. PART i. Enfer the disasses, or consock, or heart failura. Lis iMMEDIATE CAUSE (Final disasse or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Exacels on a OUE TO (OR AS A	ach ilna.	g (0			ao or raspin	active arres	,	Approximsta interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in daeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):							
PART II. Other significant conditions of	contributing to death b	out not reaulting in	the undarlylr	ng csuse given in	Part i.	24a. WAS AN A			ERE AUTOPSY FINDINGS
						PERFORM		OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	eck only one)			
	IOSPITAL:		THER:	ne 5 🗆 Rasidence					
27. MANNER OF OEATH 1 Neturel 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 26c. IN	JURY AT ORK? YES 2 NO		RIBE HOW IN	JURY OCCU	IRED	
3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	Al home, farm, streoffy)	eet, factory, offi	ca	281. LOCA City or	TION (Street an Town, State)	d Number or	Rural Rout	e Number,
	N: To the best of my know On the basis of examination								nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DATE S	SIGNED (M	onth, Day, Year)
Chai mi)			CL	1-		▶ i	151	91
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)		TYP		,	1 21	
M. Chair, Mp S 31. DATE FILEO (Month, Day, Year)	1100	800 (40	ten A	ve s	altin	norl	MC		
JAN 9 1992	Guna Daydoor	1- Acadelle	,						



BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN. The tax requires that the death certificate be executed within 2 wours after death. Page 6 may be retained by the hospital or attending physician. CHECKE Ame the control has been agoned by the tax of the property filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	DR ATTENDING PHYSICIAN. The two requires that the death certificate be executed within any DRETION After the certificate has been aloned by the ittending physician and completely file.

TO BE CONTROLLED FOR ATTENDING PHYSICIAN. The law requires that the chain can be executed within 2 fours after death. Page 6 may be retained by the hoss TO THE CONTROLLED FOR THE THREE AND THE CONTROLLED FOR THE CONTROLLED

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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND A	/ DEPAF	RTMEN	T OF H	IEALTH A	AND I	MENTAL HYGI	LIVE	00	378		
	1. DECEDENT'S NAME (First, Middle, Last)										3. TIME OF DE	EATM		
	George A. B							1-8-92	DAY	YEAR	7:15	Р.		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDE	R 1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH		A BIRTHS	PLACE (State or	Formion	
	245-42-4830	1 💢 M 2 🗆 F	5.5	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year		Country)		
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y TOWN C	OR LOCATIO	N OF DE	2-10-		NTY OF DE	N.C	•	
DIRECTOR	FRANKLIN SQUA	RE HOSP	ITAL			.,			AIII		timo			
딦	RESIDENCE OF DECEDENT 10s, STATE 10b, COUNT	~		I an au						1 5 4 .				
<u>E</u>						OR LOCAT						10d. INSIDE CI LIMITS?	TY	
	MD 10e. STREET AND NUMBER			BAL	PIMC						1 X YES 2	□ NO		
RA	4015 LOCH RAY	FN DOLL	EWADD			10f	. ZIP CODE			10g. CIT	IZEN OF WI	HAT COUNTRY	?	
W							2121	8		1 1	J.S.A	Α .		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AF X YES 2 1 WAR OR DATES	RMED NO		If yes, spe	ENDENT OF edity Cuban, 2 NO	, Mexicar	IC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	14. RACE	- American in White, etc.		
BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF	BUSINESS/INC	USTRY	BLACE		
	Elementary/Secondary (0-12)	College (1-4 or 5		itve kind of a b. Do NOT us	work done se retired.)	during mo:	st of working	1						
	12th					INE SIGNAL								
	17. FATHER'S NAME (First, Middle, Last)						16. MOTHE	ER'S NAI	ME (First, Middle, Maid	for Sumama)				
	OSCAR BOYD								ONES	ieir sumame)				
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	g (Street s	nd Number o	e Down! D	to the March of City		0.11			
5	196. INFORMANT'S NAME (Type/Print) RUTH FOWLKES 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4015 LOCH RAVEN BLVD./BALTIMORE, MD 21218													
	20a, METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State													
	1 M Buriel 2 Cremetton 3 Removal from State cemetery, cremetory or other place) 4 Donation S Other (Specify) GARRISON FOREST VA CEM. OWINGS MILLS, MD													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
- 1	WM.C.MARCH F.H./1101 E. NORTH AVE.													
	fra cal	1	08		W	M.C	.MAR	CH	F.H./11	01 E.	NOF	RTH A	VE.	
	23. PART I. Enter the diesesse, or complications that caused the death. Do not enter the mode of dying, euch as cerdiac or respiratory arrest, Approximate													
	IMMEDIATE CALISE (Final													
	disesse or condition resulting in death)	Respito	ry Failu	ıre										
	DUE TO (OR AS A CONSEQUENCE OF):													
z														
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	Sequentially list conditions, if any leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):										1		
3	ceuse. Enter UNDERLYING									İ				
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									+				
F	resulting In death) LAST													
S		a										+		
AL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN													
2	Advance Carcinor	na of Lun	ig							ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL	Cardial Arrhythr	nia							' 'E3	ZX_ NO		OF DEATH?		
-									- 1		1	YES 2] NO	
A	25. WAS CASE REFERRED TO MEDICAL				_	00.00								
2	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER		ACE OF DEA	ATH (Chec	ok only one)					
₹	27. MANNER OF DEATH	1 Inpatient 2			-	_		-	Other (Specify)					
	1X Natural 5 Pending	28a. DATE OF (Month, D		28b. TIMI	URY	28c. INJU WOF	IRY AT		28d. DESCRIBE HON	V INJURY OCC	URED			
B	2 Accident Investigation				М		ES 2 🗍 I	NO						
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At horate, (Specify)	me, term, s	treat, fact	ory, office			28f. LOCATION (Street, City or Town, Sta	et and Number	or Rural Roc	ute Number,		
									, , , , , ,					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurre	d at the ti	lme, date i	and place, e	nd due t	o the cause(a) and n	Minor se state	d.			
S	one) 2 MEDICAL EXAMINE	R: On the basis of as	amination and/or i	nveatigation	n, in my o	pinion, de	ath occured	at the ti	ime, data and place	and due to the	e causele) 4	end menner	hetete	
	29b. SIGNATURE AND TITLE OF CERTIFIER		/							_				
BE	1/05	11/4-+	-un				29c. LICENS	SE NUME	/ / -7	29d. DATE	SIGNED (A	Month, Day, Year	r)	
0	Jan 1. V	16/11/16	-				Dal	0 7	7/					

CAUSE OF DEATH (ITEM 27) (Type, Print)

JAN 1 0 1992

James D'Orta



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THOME WENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	Unity REAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	2	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

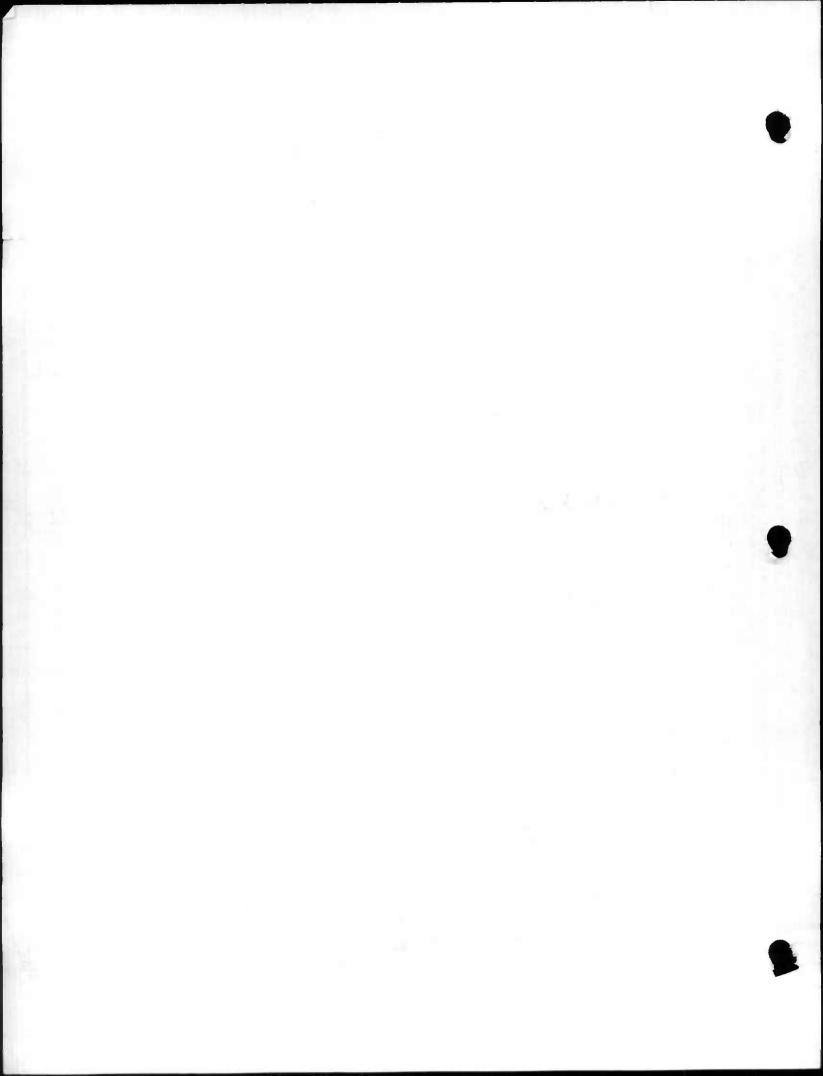
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEATE OF D	ALTH AND M	NENTAL HYGIEN	_	003/9			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	MARIA		BRYAN	IT	01 07 1			3:15 P M			
		5. SEX 6. AGE (II			F UNDER 24 HRS, OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-21-63	8. BIR Cou	THPLACE (State or Foreign ntry)			
DIRECTOR	9e. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN OR I	OCATION OF DEA		9c. COUNTY OF				
	2409 GAINESBORO COURT BALTIMORE CITY										
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY			
ä	MD		BALT	IMORE			LIMITS?				
FUNERAL	100. STREET AND NUMBER 2409 GAINSBOROUG	H COURT		10f. ZI	21234	WHAT COUNTRY?					
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, specif	DENT OF HISPANI y Cuban, Mexican, NO Specify:	HISPANIC ORIGIN? (Specify Yea or No					
	1s. DECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12) 8th	16b. KIND OF BUS									
O	17. FATHER'S NAME (First, Middle, Last)		UNEMPL		. MOTHER'S NAM	E (First, Middle, Maiden	Sumame)				
BE C	JAMES BRYANT				MARY TE		Sumerney				
TO B	190. INFORMANT'S NAME (Type/Print) MARTHA BRYANT		196. MAILING AD	NORTHER		oute Number, City or Town	r. State, Zip Code) E, MD 2	1239			
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE ,	ING MEMOR		ADDRESS OF FACE		DITELOTO	111, 110			
	Heraci	tox	Fys	WM.C.MA	ARCH F.H	./1101 E.	NORTH A	AVENUE			
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis IMMEDIATE CAUSE (Finel disease or condition	it only one ceuse on ea	ch line.			as cardiec or respi	ratory arrest,	Approximete intervel Between Onset end Death			
Z	-	e. GUNSTOT WOMED OF HEAD DUE TO (OR AS A CONSEQUENCE OF):									
CATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury thet initiated evente resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions of	contributing to death bu	t not resulting in t	he underlying ce	use given in P	ert I. 24a, WAS AN	ALITOPSV 24	b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL			26 PM 400	05.05.45.						
SIC	EXAMINER?	IOSPITAL:		THER:	OF OEATH (Chec						
¥.	27. MANNER OF DEATH	28a. OATE OF INJURY	26b. TIME O	F 28c. INJURY	X Realdence 6 ☐ Other (Specify) AT 25d. DESCRIBE HOW INJURY OCCURED						
BY F	1 Natural 5 Pending 2 Accident Investigation	01 07 19	92 INJURY		X K NO	SUBJECT SHOT					
COMPLETED E	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY - building, atc. (Specify HOME - 2409	V)		URT	City or Town, State)		Route Number, CITY			
P.E.	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowle						0111			
NO.	one) 2X XMEDICAL EXAMINER: (On the beals of examination :	and/or investigation, in	n my opinion, death	occured at the tir	ne, data and placa, and	dua to the cause	(e) and manner se stated.			
	2X XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occured at the time, data and 29b SIGNATURE AND TITLE OF CERTIFIER)										
ш			A		29d. DATE SIGNED (Month, Day, Year)						
O BE	Jun F. 4	sell A	no		OCME		▶01				
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO MARIO F. GOLVE,				OCME	TIMORE,	▶01	08 1992			

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	I. The law conjuge that the death nertificate he executed within 24 pages
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	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NOVE 11a Reach 2. DATE OF DEATH SONTH DAY YEAR 3. TIME OF DEATH													
	4. SOCIAL SECURITY NUMB				Branch					January 9, 199			92	4:00am м
	226-09-6604 A	ER	5. SEX	6. AGE (In yrs. las	t birthday) YRS.		YEAR DAYS	HOURS	24 HRS. MIN,	7. DATE OF BIRTH (Month, Day, Year) 3-4-1908			B. BIRTI Count	HPLACE (State or Foreign Va.
DIRECTOR	9e. FACILITY NAME (If not Institution, give street and number) Maryland General Hospital Baltimore City RESIDENCE OF DECEMENT													
JEC	10e. STATE	10b. COUNTY	r -			Y, TOWN OR	LOCATI	ION						10d. INSIDE CITY
	Md 100. STREET AND NUMBER				Bal	timore								LIMITS?
ERA	2531 Woodbro	ook Aver	าแค					ZIP CODE 21217					S A	WHAT COUNTRY?
N O	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13. WA			F HISPAN	IC ORIGIN? (Sp	ecify Yee		14. BACI	E — American Indian,
BY FUNERAL	1 Never Merried 2 🔀 I 3 Widowed 4 Divor		IF YES, GIVE V	MAR OR DATES	10	II II y	es, spe	city Cuber 2 X NO	Specify:	, Puerto Rican	, etc.)		Black	k, White, etc. #y: Black
1 <u>E</u>	(Specify only	DENT'S EDU	CATION completed)	16a. DEG	CEDENT'S	USUAL OCCI	UPATION	N I of working	7	16b. KIN	D OF BUS	INESS/INE	DUSTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) Minage on Mala. 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18. MOTHER'S NAME (First, Middle, Maiden Surname)														
BE CO	17. FATHER'S NAME (First, Mic Minger Me)	1							ER'S NAM	ME (First, Middle	, Maiden :	Surname)		
TO 1	James Boone		8.	19b	2531	Walbro	ok A	venue	or Aurel A	oute Number, Ca Itimore,	Md 2), State, Zip 1217	Code)	
	20e. METHOD OF DISPOSITION 1 Description S Connection 4 Donation S Cother (Specify)		20b. PLACE A	ND DATE	of disposition of the contract	on (Nan eter	ne of		11392	Anne	Arun	del C	o, Md
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE					D ADDRES						
	MX	adu	e w	ane			4300	:h F/H) Wab	ash A	Venue				
	IMMEDIATE CAUSE (Fine disease or condition	ort failula.	ciat only one ceu	it caused tha decise on each line.		not enter th	e mod	la of dylr	ng, such	as cardiec	or respir	atory arr	rest,	Approximata Interval Batween Onael and Daath
	DUE TO (OR AS A CONSEQUENCE OF): Metastatic Carcinoma													
ATION	Sequentially list conditions, If any, leeding to immediata cause. Enter UNDERLYING													
MEDICAL CERTIFICATION	CAUSE (Disease or injurtinat initieted events reauting in death) LAST	y 5 '	DUE TO	(OR AS A CONSEO	UENCE O	F):			·					
2	PART II Other algoritican	t condition	a contribution to	death to a second										
CAL	PART II. Other algnifican	t condition	e contributing to	deeth but not re	euiting	in tha unde	riying	cause gi	ven in P	Part i. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MED										_ 1 🗆	YES 2	ZNO.	1	COMPLETION OF CAUSE OF DEATH?
	1 TES 2 NO													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	28, PLA	CE OF DE	ATH (Chec	ck only one)				
ΤΥS	1 VES 2 NO			ER/Outpatient 3		4 Nursing	_			Other (Spe				
BY PI	1 Notemal 5 Proceedings of the Process of the Proce	ending rvestigation	(Month, Di	ay, Year)		URY M 1		RY AT K? S 2		28d. OEŞCRIBI	E HOW IN	JURY OCC	URED	
	4 Homicide de	ould not be stermined	26e. PLACE Of building,	F INJURY — At hometc. (Specify)	ve, farm, s	street, factory,	office			28f. LOCATION City or Tow	l (Street ar m, State)	nd Number	or Rural R	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIF	YING PHYSIC	CIAN: To the beet of as	my knowledge, daa camination and/or in	th occurre	nd at the time,	deta a	nd piece, a	and due to	o the ceuse(e)	and menr	due to the	ed. o ceuse(a)	and manner ee stated.
BE	296. SIGNATURE AND TITLE C		Du	N				29c, LICEN		ER				(Month, Day, Year)
10	30. NAME AND ADDRESS OF I	ng NGQ	M.D.	SE OF DEATH (ITEM	27) (Type,	o Mar	y a a	nd G	ener	al Hos	ptia	1		
	31. DATE FILED (MoYATA, Day, Ye JAN 1 0	-	32. DEGISTRA	BIS SIGNATURE	ndell	,								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 show be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FL. be filed wit

92-0072-510 1 - STATE BESISTATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICATE O	F DEATH	REG. I	NO.		
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH	1	3. TIME OF DEATH	
ANTONIO	Lee		BROWI	1	0 1 0	5 1992	3:25 A	
4. SOCIAL SECURITY NUMBER 216-02-7642	5. SEX 6.	AGE (In yrs. lest birthd	MONTHS DAVI		7. DATE OF BIRTH (Month, Day, Year, 11–29–197	s. Birr Cou	THPLACE (State or Foreign ntry)	
9a. FACILITY NAME (If not institution, gi	ve street and number)		9b. CITY, TOW	OR LOCATION OF		9c. COUNTY OF		
2300 BLK PR		•	BALT	IMORE				
10a. STATE 10b. COU	NTY		city, town on Loc Baltimore	ATION			10d, INSIDE CITY LIMITS?	
10e. STREET AND NUMBER				10f. ZIP CODE		1 40 - OUT 751 OF	1XX YES 2 ☐ NO WHAT COUNTRY?	
5409 Lynview Avenu				21215		U S		
1 Never Married 2 Married 3 Wildowed 4 Olivorced	12. WAS DECEDENT E FORCES? 1 [YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxic ES 2/7 NO Speci	ANIC ORIGIN? (Specify sen, Puerto Ricen, etc.) lly:	Bla	CE — American Indian, lick, Whita, atc.	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	15. DECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
17. FATHER'S NAME (First, Middle, Last) Willie Dixon Bro	iwn			18. MOTHER'S N.	AME (First, Middle, Malo Russell	den Surname)		
19a. INFORMANT'S NAME (Type/Print) Lureece Brown		19b. MAIL	ADDRESS (Stree	and Number or Rural W Avenue	Route Number, City or Baltimo	Town, State, Zip Code) ore, Md 2121	5	
20a. METHOD OF DISPOSITION 1 Disposition D	amoval from Stata	20b. PLACE AND DA cometery, crematory of King Memo	TEOF DISPOSITION (Name of	OATE 20c.	LOCATION — City or andallstown	Town, State	
21. SIGNATURE OF PUBLICAL SERVICE	Mari	1	22. NAME	and address of F arch F/H We 1300 Wabash	ACILITY		,·	
Onaet end Dee disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								
PART II. Other significent conditions	done contributing to dea	sth but not resultin	g in the underlyi	ng ceuse given in	PERF	AN AUTOPSY 24 CORMED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
			_		OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. TYPES 2 NO	HOSPITAL:	t/Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C)	other (Specify)	SCENE		
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF IN	1992 3	IME OF 28c. IF	JURY AT ORK? YES 2 NO	OT Route Number, MD URY ST BAI			
3 Suicide 6 Could not be detarmined 25s. PLACE OF INJURY — At home, farm, street, tectory, office 25t. LOCATION (Street and Number or Rural Route Num 2 STREET 25t. LOCATION (Street and Number or Rural Route Num 2 STR								
(Check only one) MEDICAL EXAMI	NER: On the basis of exami						(a) and manner as stated.	
201. SIGNATURE NO TURE OF CERTIF	y up			O . C . M . I		29d. DATE SIGNE ▶ 0 1 → 0	5 - 1992	
30. NAME AND ADDRESS OF PERSON OF	ENE///p	111 N		STREET	BALTIMOR	E, MARYL	AND 21201	
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S							



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. Be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremarion or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH								3. TIME OF DEATH						
		H	lelen	В.		BAU.	n G	ALTO	18.2	MONTH	الدور		YEAR GZ	0015 M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. las		IF UNDER	YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH	1,7,	8. BIRTH	PLACE (State or Foreign
	214.22-5	263	1 M 2 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	. /	26	MA	ryland
OR	90. FACILITY NAME (# not in PENINSULA			TAL		9b. CITY,		LISB		ATH		9c. COU	WICO	MICO
등	RESIDENCE OF DEC	10b. COUNT	v											
DIRECTOR	VA.		ccomack		10c. CIT	Y, TOWN OF Pai		ley						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	P.O. BO	x 107	2				101	. ZIP CODE				10g. CIT	USA	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3. Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF	MED 10	II II	yea, sp	ENDENT DI ecify Cuban 2 X ND	F HISPAN I, Maxican Specify	IC ORIGIN? (S n, Puerto Ricer	pecify Yes	or No	14. RACE Black Speci	- American Indian, White, atc.
	15. OEC	EDENT'S EDU	CATION	18a, DE	CEOFNT'S	USUAL OC	CLIPATIO	NA .		16P NIN	D OF BUS	WEEG WAS	MINTEN	
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	(G	ive kind of v Do NOT us	vork done di	iring mo	st of working	7	Jou. Kin		lroa		
8	17. FATHER'S NAME (First, MI							18. MOTH	ER'S NAM	AE (First, Middl	e, Maiden	Surname)		
BE	William		mas Bl	Lum						cis				
0	19a. INFORMANT'S NAME (7)			19						oute Number, C				
	Helen 20a. METHOD OF DISPOSITI	Erdma	in						ve.					21237
	1 ☐ Murial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem (Specify)		206. PLACE / cemetery, cre HOLL	matory or o	rer place) 1Cer	net	_{me of} ery	1/9	/92			city or To	MD .
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE	1 1		22. N	AME AN	D ADDRES	S OF FAC	ILITY				
	Connel	lyt	unula	I Ho	nel	Co	onn	elly	Fun	eralH	Iome	3001	1Ace	Ave.21221
7	23. PART I. Entar the di ahock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in daeth)	art William.	List only one cat	Acute (DR AS A CONSEC									rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentieily list conditions, If any, leeding to immediate ceuse. Enter UNDERCYING CAUSE (Disease or injury that initiated events D. OUE TO (DR AS A CONSEDUENCE DF): OUE TO (OR AS A CONSEDUENCE OF):													
E	resulting in deeth) LAST		d											
	PART II. Other significan	nt condition	s contributing to	death but not r	nauiting i	n the und	arivino	cause di	van in F	Part I 24s	WES AN	UITOBEV	1 245	WEDE AUTODOM SINDINGS
MEDICAL			HEAR								PERFORMEO? AWA			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀			MELLI							- ¹ º	YES 2	□ NO		OF DEATH?
- 1				4/-3						-				1 YES 2 NO
NA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL.	ACE DF DE	ATH (Chec	ck only one)				
Sign	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	g Home	5 🗆 Rea	idenca 6	Other (Spi	ecify)			
BY PHYSICIAN:		Pending nvestigation	28a. OATE OF (Month, D	INJURY ay, Year)	28b. TIMI	OF 2	8c. INJU	JRY AT		28d. DESCRIE		JURY OCC	CURED	
								or Rural R	oute Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSICAL EXAMINE	CIAN: To the best of R: On the basis of as	my knowledge, dec	ith occurre	d at the tim	e, deta	and place, a	and due t	o the cause(a) ime, data and	and manr	due to th	ed. a cause(a)	and manner as stated.
TO BE C	296. SIGNATURE AND TITLE	P. 1.	rout	_				29c. LICEN		76		29d. DATE	SIGNEO	(Month, Day, Year)
F	20. NAME AND ADDRESS OF	PERSON WHI	_ ′	SE OF DEATH (ITEM		Print)		4/5		SALI	c A.	AU	4-	1 9 644
	31. DATE PILED (Month, Day, Y	DOC	32. REGISTRA		003					7-0-1	2 /10	7	10) 2,801
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DIVISION OF VITAL RECORDS, P.O. BO

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	THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.		
	t permit.		
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TO THE HOSPITAL DRITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physician,	the bur		
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DR ALL	DIRECT	hours at	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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92 00383 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 3 5 20 Samuel Bailey 4 M 4. SOCIAL SECURITY NUMBER 5. SEX S. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 214 58 7255 34 5-14-57 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City na RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? No fixed address 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) in State 25. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board bele malle 1/8/92 655 W. Baltimore St, Balto.,MD 21201 PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart feliure. Liet only one cause on each line. Approximate interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION eum n Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING pa CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TES 2 -NO

							1 YES 2 TNO	
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	HOSPIT	FAL:	3 DOA	OTHE	28. PLACE OF OEATH (GR:			
27. MANNER OF DEATH 1 Natural 5 Pendic		OATE OF INJURY (Month, Day, Year)	26b. TIN		28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURI	ED	
3 Suicide 6 Could 4 Homicide detarm	lot be	28s. PLACE OF INJURY — At home, ferm, building, atc. (Specify)			ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or in

neversel

		opinion, death occured by the time, date end	piace, and due to the cause(s) and mariner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER Mary ose	Eichelberger	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Maryrose	Eichellerger		1 / - 3-

20/

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

AZAREGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
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after	by the	icai
hours	the attending physician and completely filled in by the funeral director, page 5 s Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any Injury, or other traumatic event, the medical examiner must be notif
NIN 24	tely fill	t, the
BO WIT	omple al, crei	even
execut	this certificate has been signed by the attending physician and cor with the State Dept. of Health and Mental Hygiene prior to burial,	natic
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SICIA	certif h the	-
IS PHYS	er this	narke
ENDIN	IR: Aft	is n
N A	IRECTOR: After thi Nurs after death wi	1m 28
SPINE O	THE PUNERAL DIRECTOR: After this that within 72 hours after death with	PORTANT: If item 28 is marked,
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JAKE .	墨墨	POR
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DIRECTOR

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29 BE

92 00384 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH Charles S. Battaglia 3. TIME OF DEATH AGIIA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 82 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? LAXYES 2 NO Maryland Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 524 N. Decker Avenue 21205 S. A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specific WWII White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) Laborer NA NA Baltimore City 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) Salvator Battaglia Rose (Unknown) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rocco J. Battaglia (Son) 519 N. Decker Ave, Balto., Md. 21205 20n. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Sista 20a. METHOD OF DISPOSITION

TO Burial 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) Baltimore National Cemetery Baltimore, Md. 21. SIGNATURE OF FUNERAL/SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. B331 Brehms lane, Baltimore, Md. 21213 23. PART I Phter tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath diseese or condition_ umonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): edema PULMONARY Sequentielly list conditions, DUE TO (OR AS A CONSCOUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMEO? 1 YES 2 NO 1 YES 2 NO

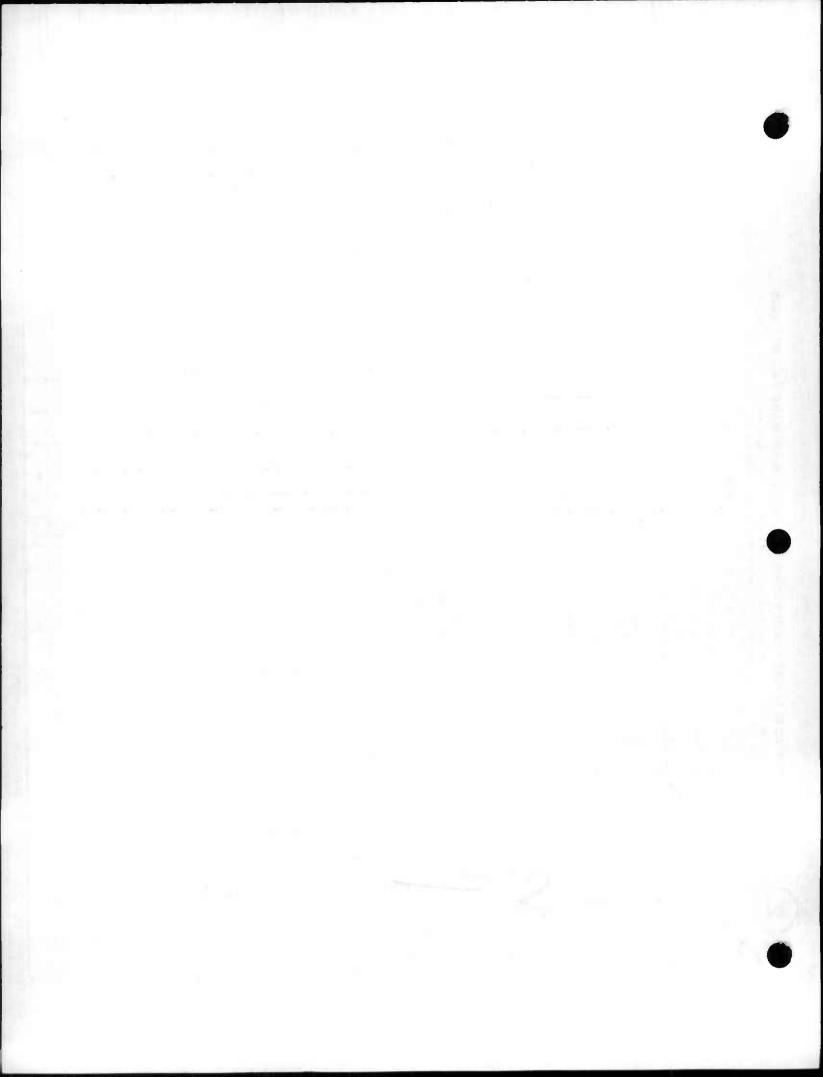
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Rasidenca 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.

CONTRACTOR AND THE CONTRACTOR AN		
b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER DOUGS	29d. DATE SIGNEO (Morith, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	9, Print)		
JHGC Bayvier Circle	Baltima	Mol	512711
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		1	Contract to
IAN 10 1992 Alientuiden Handers	4		,



DIVISION OF VITAL RECORDS, F.C. 2000.

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

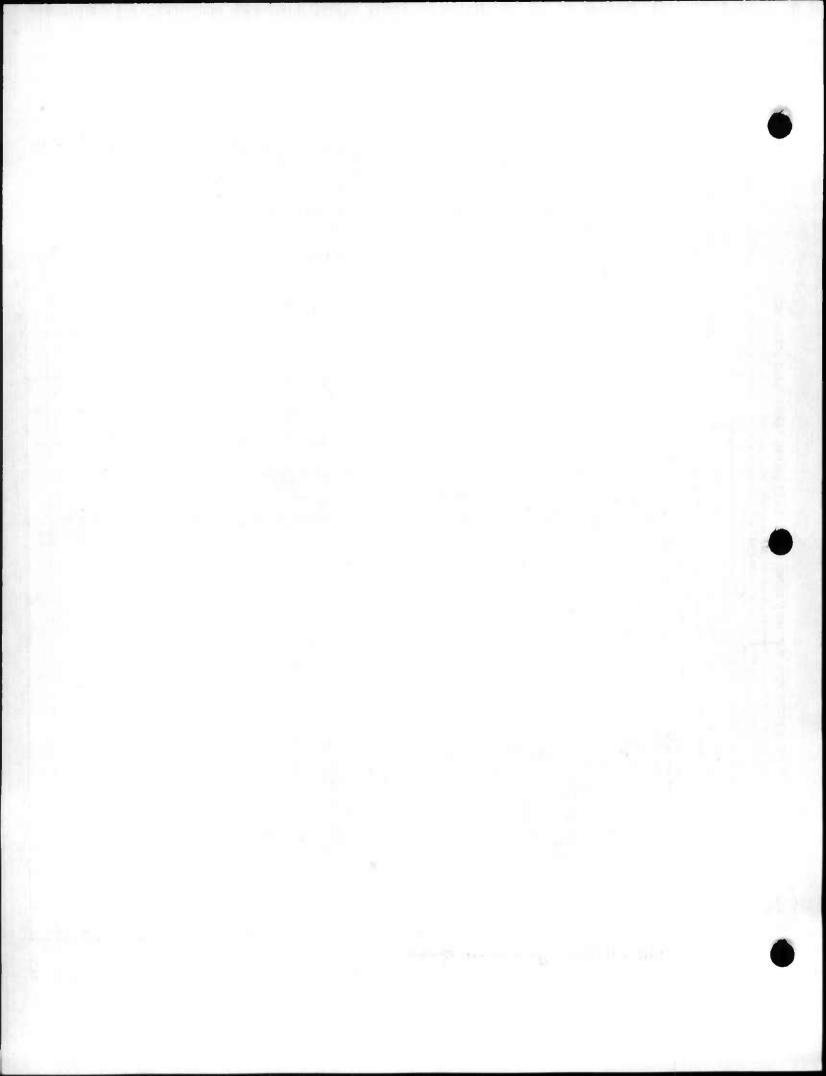
Defer EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

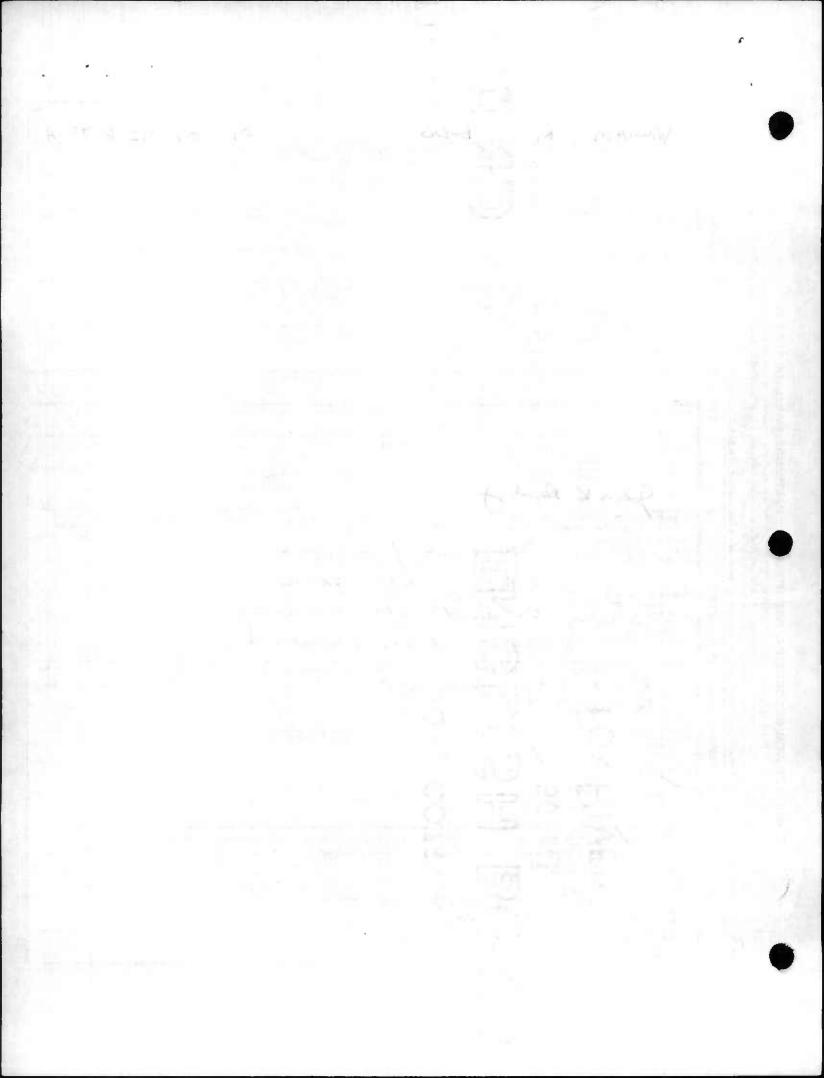
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND DEATH	MENTA	AL HYGIEN	E	UU	0 3
	1. DECEDENT'S NAME (First, Middle, Last)	a Bade	sch			2. DAT	E OF DEATH	- 92	EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 155-24-5156 9a. FACILITY NAME (If not institution, give:	1 M 2 XF 9	3 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	NC NC	OF BIRTH oth, Day, Year) OV • 28,1	898	Country) NEW	ACE (State or Foreign Y YORK
TOR	BALTIMORE COUNT				DALLSTO			BAL	OF DEA	
DIRECTOR	106. STATE 106. COUNT MARYLAND	Y	10c. CITY, 100	WN OR LOCAT BALTIM						Od. INSIDE CITY
FUNERAL	100. STREET AND NUMBER 5715 PARK HEIGH	TS AVE., APT.	501	101	ZIP CODE 21215	5				AT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Never Merried 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yee, spe	ENDENT OF HISPA polify Cuban, Mexic 2 NO Speci	an, Puerto	N? (Specify Yes Ricen, etc.)		Black, V	American Indian, white, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12) 12	CATION completed) College (1-4 or 5+)	6e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	lone during mo: ed.)	N st of working	16	b. KIND OF BUS	HOME	TRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) IKE SNYDER				18. MOTHER'S NA	MILL				
TO B	190. INFORMANT'S NAME (Type/Print) MRS • LAURETTE BI	ERGER	196. MAILING ADDI 2417 S	RESS (Street a	MILL RD.	Route Num	nber, City or Town	State, Zip Coo	212	:08
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State cemete	LACE AND DATE OF DIS ery, cremetory or other pile SETH DAVID	ece) MEMOF			7.	ATION — CHY ENILW		
	21. PART I. Effer the disease, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that ceuaed to the class only one cause on each a. Received.	n IIna.	6010		RSTO	WN RD	DATON).,	MD 21215 Approximate interval Between Onset and Daath
CERTIFICATION	Sequantially liet conditions, if any, leading to immediata ceuse. Entar UNDERLYING CAUSE (Diseasa or injury that initiated eventa resulting in daeth) LAST	b. DUE TO (OR AS A C	•							
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition	s contributing to deeth but	not reaulting in the	undarlying	cause given in	Part i.	24s. WAS AN A PERFORM	MED?	AM CC OF	FRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputlent 2 ER/Output		IER:	ACE OF DEATH (Ch					
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU			SCRIBE HOW IN	JURY OCCURE	D	
ED BY	Z Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, term, street,		ES 2 NO	28f. LOC Cify	CATION (Street an or Town, State)	d Number or F	ural Rout	e Number,
COMPLETED	290. CERTIFIER (Check only	CIAN: To the best of my knowled R: On the besis of examination e	gs, death occurred at the	he time, date o	and place, end due	to the car	use(e) end menn	er es stated.	(1)	
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER Suk Ougus 30. NAME AND ADDRESS OF PERSON WH	o House	Physi	cai	29c. LICENSE NUI			29d. DATE SIG	SNED (MG	onth, Day, Year)
	Sie Kiem Ong 31. DATE FILED (MONIN, Day, Year) JAN 101992	32. REGISTRAR'S SIGNATI	0	Gener	of Hosp	Laf	Randa	allstons	. n	D 21/33
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ter death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval. al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TOTHE ROSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IN THE HOSPITANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIENI REG. NO.	92	00386
1. DECEDENT'S NAME (First, Middle, WILLIA m		urds			2. DATE OF DEATH DA	7 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 705-09-0209 99. FACILITY NAME (If not institution,	11X 2 □ F 87	(in yrs. last birthday) YRS.	11	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-13-1904 EATN	Ma:	
Baltimore Count RESIDENCE OF DECEDEN 100. STATE 100. C	y General Hosp		Randa.	L1stown		Baltime	ore County
	ltimore County	Pil	kesvill	2 101, ZIP CODE		10a. CITIZEN O	LIMITS? 1 YES 2 NO F WNAT COUNTRY?
727 Leafydale	Terrace			21208		USA	
3 X XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If yes,		NIC ORIGIN? (Specify Yea en, Puerlo Rican, atc.) fy:		ACE — American Indian, lack, White, atc. pecify: White
15. DECEDENT (Specify only highest Elementary/Secondary (0-12) 12. years 17. FATHER'S NAME (First, Middle, La	S EDUCATION it grade completed) College (1-4 or 5+)	life. Do NOT u	work done during	most of working	B & O	siness/industr	
17. FATHER'S NAME (First, Middle, La	nst)			18. MOTHER'S N.	AME (First, Middle, Maiden		
William Burns	ne)	19h MAII ING	ADDRESS (Street		Adelaide S Route Number, City or Tow)
Mrs. June Simm					Pikesville		1208
20e. METNOD OF DISPOSITION 11 Burtel 2 Cremetion 3 4 Donation 5 Other (Specify	Removal from State	0b. PLACE AND DAT	E OF DISPOSITI		DATE 20c. LO		r Town, State MD
21. SIGNATURE OF FUNERAL SERV	/ICE LICENSEE	-	Lori	ng Byers	Funeral Di Rd. Randa	rectors	
Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CHROME	A CONSEQUENCE OF A CONS	SEPTOPS: ART OPS: AR AR AR AR AR AR AR AR AR AR AR AR AR	FAILURE ACLIDE BRILLAT	cm5		
PART ii. Other significent co	Refine Inst	but not recuiting	in the underi			RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		OTHER:	, PLACE OF DEATN (
Margine of Langua	1 of Inpetient 2 ER/O	Y 28b. TI	ME OF 28c.	INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	ED .
			, street, factory, o	office	281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
CONSCR OTHY	G PHYSICIAN: To the best of my kn EXAMINER: On the basic of examina						use(e) end menner as stated.
296 SIGNATURE AND TITLE OF C	ERTIFIER WO	(9)		29c. LICENSE N	UMBER 58297		GNED (Morith, Day, Year)
20. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE OF	ALTIMOR	oe, Print)	option G	even r	WSP171	
31. DATE FILED (Month, Day, Year) JAN 1 0 199	A2 REGISTRAR'S SE	GNATURE DE					



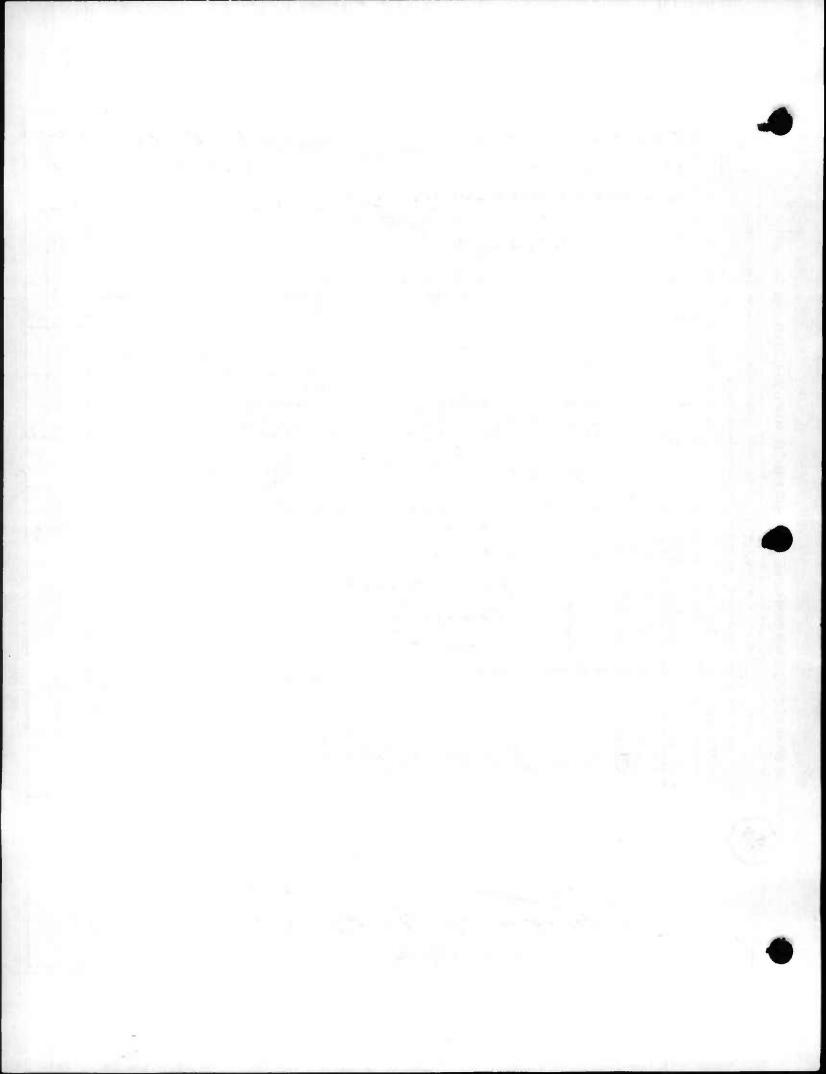
1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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		ist)				2. DATE OF DEAT		3. TIME OF DEAT
	FRANKIYN	P. Bolto	N			MONTH	8 9	2 4=2
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You	20/0	BIRTHPLACE (State or Fo
	122-01-502	5 1 KM 2 DF 85	YAS.			1-24-	08 1	VYC N
Œ	9. FACILITY NAME (If not institution, given the company of the com	D Care Cent	PER	0 1	OR LOCATION OF D		9c. COUNTY	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT			Call Fo	ns will	e	100	TIMONOVIO
R	10a. STATE 10b. COU	11.	10.00	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
AL D	10a. STREET AND NUMBER	citimore						1 🗆 YES 2
	no Maida	Of LAN	2	10	ZIP CODE	,	10g. CITIZE	N OF WHAT COUNTRY?
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	ENOENT OF HISPA	NIC ORIGIN? (Specif)	Yes or No- 14	. RACE — American Indie
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	SNO		2 NO Specia	en, Puerto Rican, atc. y:)	Black, White, etc. Specify:
ED E	15. DECEDENT'S E	OUCATION	Se DECEDENT'S	S USUAL OCCUPATION	, \	14th KMIO OC	BUGINESS INICIA	Mete
ETE	(Specify only highest gra	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo	st of working	IOD. KINO OF	BUSINESS/INDUS	J.
MPL	12 gade		José	accou	estar	t Ce	cour	tern
COMP	17. FATHER'S NAME (First, Middle, Lest)	OB to			18. MOTHER'S NA	ME (First, Middle, Mei	iden Surname)	1
BE	196 INFORMANT'S NAME (Type(Print)	gaelil	I		Ma	ly Me	ello	2
5	1. 00 Mod	With	196. MAILING	G ADDRESS Street	nd/Number or Rural	Poute Number, City or	Town, State, Zip Co	odely 15
	20% METHOO OF DISPOSITION	29h/1	ACE AND OATE	OFDISPOSITION	me of	OATE 20c	LOCATION CIT	CLOSE /
	1 Donation 5 Other (Specify)	emoval from State	ry, crematory or	OF DISPOSITION OF	nute.	1/10/91	9100	Wallat
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AI	D ADDRESS OF	CILITY / VO	1000	Tiese
	1 A Alley	Pois Dolo		Mel	eccis	Att	Timo.	Home of
	23. PART I. Enter the diseases, or heart faller	or complicatione that ceused the	ne death. Do	not anter tha mo	de of dying, suc	h as cardiec or re	epiretory arres	t, Approxim
	IMMEDIATE CAUSE (Finel	0	i iirie.					Interval 8 Onset and
- 1								Olloot all
	disease or condition reaulting in deeth)	· Nehye	1-441	'on				
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NOI	resulting in deeth) Sequentially list conditions,		In	toke				
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	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A CO C. DUE TO (OR AS A CO DUE TO (OR AS A CO d. Story	DINSEQUENCE OF A L'A	teke	g ceuse given in	PER	AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FI AVAILABLE PRIOR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



IG PHYSICIAN: The law requires that the death certificate be executed within record within records after death. Page 6 may be retained by the hospital or attending physician.	this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
PHYSICIAN: The law require	this certificate has been sig	with the State Dept. of He	ked, or item 23 shows	
ITAL OR ATTENDING F	RAL DIRECTOR: After 1	72 hours after death	if item 28 is mar.	
THE HOSP.	DUHE FUNE!	he find within	MPORTANT	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

1. DECEDENT'S NAME (F' - 4/1/2016, Last)

Nary

Baeuerle

4. SOCIAL SECURITY NUMBER

5. SEX

6. AGE (In yrs. Inst birthday)

F UNDER 1 YEAR

F UNDER 24 HRS.

7. DATE OF BIRTH

	Mary	Baeuerle	-, -			2. DATE OF DEATH MONTH D	9 2	AR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 250-22-1160			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	90. FACILITY NAME (If not institution, give str						1923	Md •			
DIRECTOR	Francis Scott Key RESIDENCE OF DECEDENT 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH										
E C	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY			
	Md. Balti	more		Dunc			LIMITS? 1 YES 2 K NO				
FUNERAL	2603 Liberty P		10f	2122	U •	S · A ·					
	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2" IF YES, GIVE WAR OR DATES	NO	If yes, spe	cify Cuban, Mexic	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc.			
D BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC				2 KNO Speci			White			
COMPLETED	(Specify only highest grade (Elementery/Secondery (0-12)	College (1-4 or 5+)	Give kind of work life. Do NOT use n	ISUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 7 retired.)							
MPI	17. FATHER'S NAME (First, Middle, Last)	st	Secret	ary				ementary			
BE CC		loroso			Juli	et MC K:					
TO B	190. INFORMANT'S NAME (Type/Print) Ralph T. Baeue				nd Number or Rural	Route Number, City or Tow	n, Stafe, Zip Cod				
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	20b. PLA	CEANDDATEOF	DISPOSITION (Na	me of	Balto I	CATION - City				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	INI	eramatory or other			1/10 Ca	tonsvi	lle,Md.			
	· Cft	mnol	Var	Conne	elly Fu	neral Hors S Point H	me of	Dundalk 21222			
	23. PART I. Enter the diseases, or co	omplications that caused the	dufett Do not								
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CON	stage			disea		Approximate interval Between Onset and Death			
MION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	ISEOUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):								
	0.										
CAL	PART II. Other algolificant conditions	contributing to death but no	ot reaulting in t	he underlying	cause given in	Part i. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL	COPD					1 [] YES 2	NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 7 004	THER:	ACE OF DEATH (C)	8 Cher (Specify)					
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	JRY AT	28d. DESCRIBE HOW II	NJURY OCCURE	D			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, street			28f. LOCATION (Street & City or Town, State)	and Number or Ru	ural Route Number,			
E I	290. CERTIFIER		o (may) (or e = -		2115-27 PASS						
COMPLETE		IAN: To the best of my knowledge,						ise(s) and manner se stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			NED (Month, Day, Yeer)			
5 B	Tunc	anns			DZ	+334	> 1	19/92			
	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Type, Pri	nt)							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR									

to & 0011-95-045

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W.LEDOU

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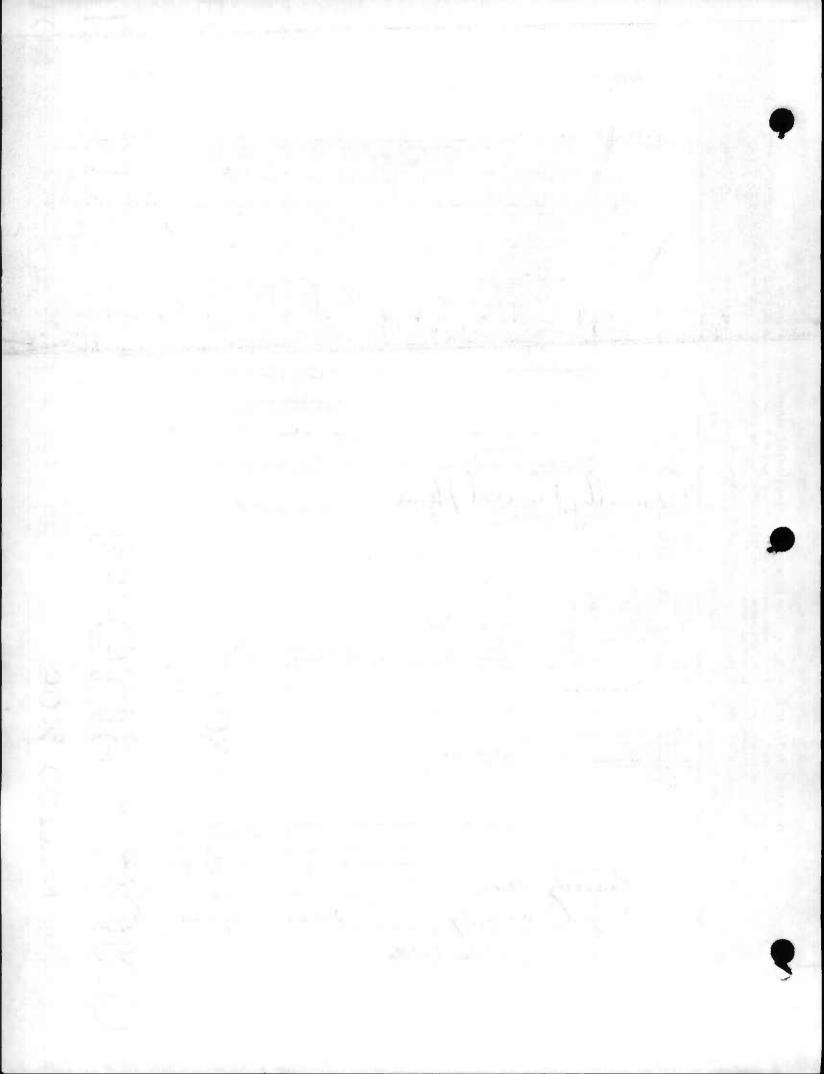
Letro Drematory 1/10 calonerille, 1.

Connelly Funeral Pome of LUMGIE 7110 Sollers Foint Rose 21222

Mary Control

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
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	PITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal,	II: If
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	t)							2. DATE OF MONTH	DEATH D	AY	YEAR	3. TIME OF DEATH
Lillian E								1	8		92	11:10
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las		IF UNDER	1 YEAR	HOURS.	MIN.	7. DATE OF (Month, D	ay, Year)		Count	**
218-05-9386	2.5	79	YRS.					Oct.	30,			PA.
9a. FACILITY NAME (If not institution, give				9b. CITY			ON OF DE	EATH			JNTY OF D	
Franklin Squ	are Hos	pital			Ros	svi	lle			Ba	alti	more
Md. 106. COUN	el	10c, CI	P a		ion lena			LIMITS?			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
8590 Main	Ave.					2	112	2			USA	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. AR			If yes, sp	ENDENT (OF HISPAI	NIC ORIGIN? (or No-		E — American Indian, k, White, atc.
15. DECEDENT'S EI (Specify only highest gra Elamentary/Secondary (0-12) 12th		(G	ive kind of . Do NOT L	s usual of work done use retired.)	during mo	ON at of world	ing	16b. Ki	ND OF BU		Pr:	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Surname)		
== E	Byrne						An	na		==	==	
19a. INFORMANT'S NAME (Type/Print)		191	b. MAJLIN	G ADDRESS	S (Street a	nd Numbe	r or Rural	Route Number,	City or Tow	n, State, Z	ip Code)	
Stanley Cob	b		589	0 Ma	ain	Ave	. Pa	asade	na N	١d.	211:	22
20a. METHOD OF DISPOSITION 1 St Burlai 2 ☐ Cremation 3 ☐ Re	amoval from State	20b. PLACE						OATE	20c. LO	CATION -	- City or To	own, Stata
4 Donation 5 Other (Specify)	- Ton State	_ Hol	ly	Hill	Ce	met	ery.	1/11/	92	Ва	lti	more Md.
21. SIGNATURE OF FUNERAL SERVICE	Fund	al Ho	mel				yFui		Home	e300	MAce	eAve. 21
disesse or condition	Mata	holic	A o i o	loci.	c							Onset and De
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Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions are under the condition of the co	DUE TO U Y E M DUE TO C. Rena OUE TO d. HOSPITAL: 1 Inputlent 2 28s. DATE O (Month,) 28s. PLACE building	O (OR AS A CONSECTION OF INJURY — At he., ste. (Specify)	QUENCE (GOUENCE (OUENCE (OUENCE (Tesuiting Tesuiting Tesuiting	OF): OF): OF): OTHE 4 Nu ME OF JUNY M atreet, fac	28. Pl R: sling Hon 28c. IN. w() 1 tory, office	LACE OF No 5 F JURY AT PRK? YES 2	DEATH (CI	6 Other (: 28d. DE\$CR 281. LOCATI City or	PERFOI YES: Specify) RIBE HOW ION (Street Town, State	RMED? NO INJURY Of said Numb	CCURED er or Rural	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, is ading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the conditio	DUE TO U Y E III DUE TO C. Rena OUE TO d. HOSPITAL: 1 Inputient 2 28s. DATE O (Month, In) 28s. PLACE building YSICIAN: To the best of INER: On the best of	O (OR AS A CONSECTION OF INJURY — At he, atc. (Specify)	QUENCE C T f i (OUENCE C T esuiting 3 DOA 28b. Ti If Dome, farm, eath occur investigat	OF): OF): OF): OF): OF): OF): OF): OF):	28. Pl R: sling Hon 28c. IN. w() 1 tory, office	LACE OF URY AT ORK? YES 2	DEATH (CI	6 Other (3 28d. DESCS 28f. LOCAT City or a to the ceuse a time, deta as	PERFOI YES: Specify) RIBE HOW ION (Street Town, State	INJURY O	er or Rural	D. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural Significant conditions are suiting in vestigations are suiting investigations. Significant conditions are	DUE TO U Y E III B. DUE TO C. Rena OUE TO d. OUE TO d. OUE TO d. OUE TO d. OUE TO E. Rena OUE TO OUE TO OUE TO E. Rena OUE TO OUE TO OUE TO E. Rena OUE TO OUE TO	O (OR AS A CONSECTION OF INJURY — At he, atc. (Specify)	QUENCE C T f i (OUENCE C T esuiting 3 DOA 28b. Ti If Dome, farm, eath occur investigat	OF): OF): OF): OF): OF): OF): OF): OF):	28. Pl R: raing Hom 28c. IN. WC 1 ttory, office	LACE OF DESCRIPTION OF THE STATE OF THE STAT	DEATH (Critical Control of the Contr	6 Other (3 28d. DESCS 28f. LOCAT City or a to the ceuse a time, deta as	PERFOI YES: Specify) RIBE HOW ION (Street Town, State (a) end me and place, a	INJURY O	er or Rural	D. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,



BALTIMORE, MARYLAND 21203-3146 lus after death. Page 6 may be retained by the hospital or attending physician.

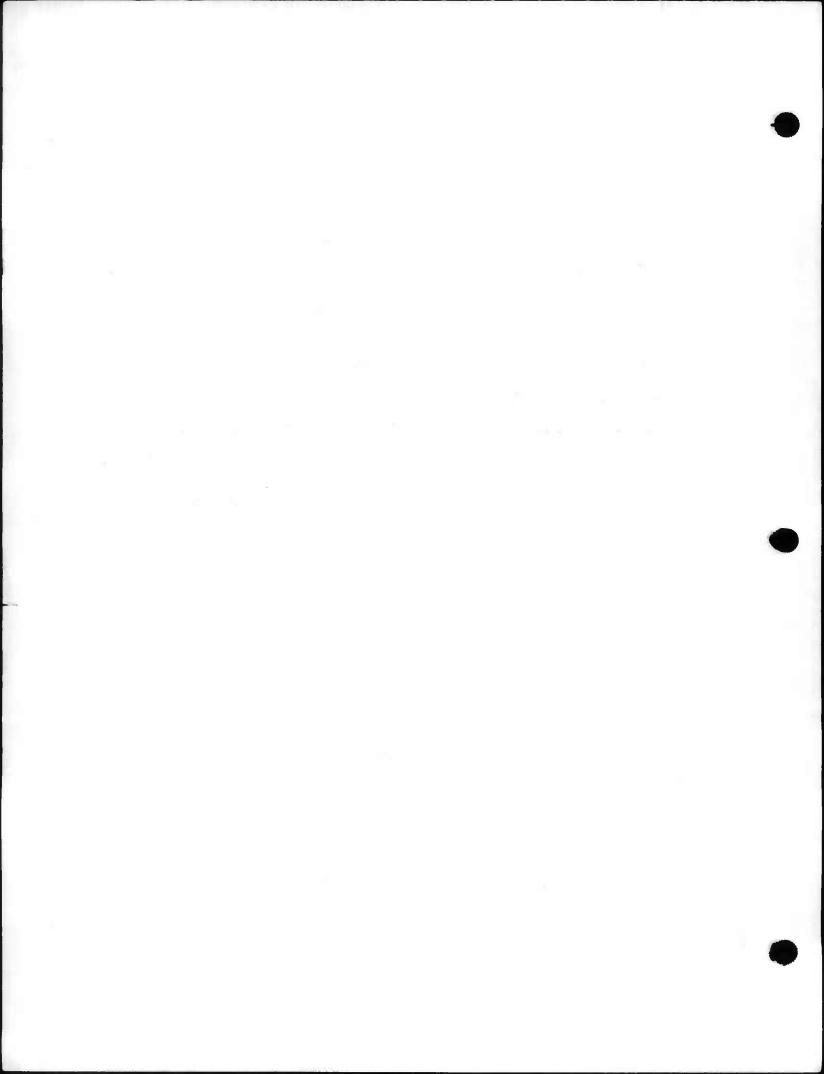
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A. Vurs after death. Page 6 may be retained by the hospital or TO THE FUNEFALLING SOR! After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached filled within \$2 polars precedeath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Henry 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1992

	FOR STATE REGISTRAR	STATE OF MAI		ENT OF HEALTH AND I	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	CAPP	es T. Capp			DAY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-07-9957	1 DM 2 🗆 F	78 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	13 8	BIRTHPLACE (State or Foreign Country) ALTIMO YE Md
TOR	98. FACILITY NAME (If not institution, give a ROSSUITE MANO RESIDENCE OF DECEDENT	^	96	BALTIMORE		BAL	FORE
DIRECTOR	Maryland 106. COUNT	Baltimore		own or Location erry Hall			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	9226 Sandra Par	k Road		101. ZIP CODE 21128			S. A.
B	11. MARITAL STATUS 1 Naver Married 2XXXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? XX IF YES, GIVE WAR		13. WAS DECENDENT OF HISPAI It yes, specify Cuban, Maxica 1 YES XXNO Specifi	n, Puarto Rican, atc.)	aa or No 14.	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) Collega (1-4 or 5+) NA	life. Do NOT use re	done during most of working		eel Com	
BE COM	17. FATHER'S NAME (First, Middle, Last) William Capp Sr.	Ġ		18. MOTHER'S NA	ME (First, Middle, Meide Thorn	on Surneme)	
2	19a. INFORMANT'S NAME (Type/Print) Juanita M. Capp	(Wife)	110-10-10-10-10-1	andra Park Rd.			
	29a. METHOD OF DISPOSITION 1 Description S Cremation S Rem 4 Donation S Other (Specify)	noval from State		ON (Name of cemetery, crematory or	20c. I	ocation — chy	or Town, Stata
	21. SIGNATURE OF FUNERIAL SERVICE LI	SUL		22. NAME AND ADDRESS OF FA Schimunek Fund 9705 Belair Ro	eral Homes		21236
	23. PART Enter the diseases, Drehock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in daath)			enter the mode of dying, suc	42		interval Batween
z		DUE TO (OF	AS A CONSEQUENCE OF):				
CATIO	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OF	R AS A CONSEQUENCE OF):				
CERTIFICATION	that initiated events resulting in dasth) LAST	DUE TO (OF	AS A CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ns contributing to da	ath but not resulting in t	hs undarlying cause given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE DF DEATH (C	neck only one)		
YSIC	EXAMINER? 1 YES 2 NO	1	R/Outpetlant 3 DOA 4	THER: Nursing Home 5 - Residence			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCUP	RED
	3 Suicide 8 Could not be 4 Hornicide determined	28e. PLACE OF II building, atc	NJURY — At home, farm, atre . (Specify)	et, factory, offica	281. LOCATION (Stree City or Town, Sta		Rural Routa Number,
COMPLETED	CONSTRUCTION OF THE PARTY OF TH			nt the time, data and place, and du			
TO BE C	29b. SIGNATURE AND TITLE OF CONTIFIE	no.		29 LICENSE NU DZZZ (nt) 3 440 156	767	1.	IGNED (Month, Day, Year) 8-92



TO THE COSTACE OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUNG AND THE THE CONTROLL AND THE BEACH OF THE ATTENDING PHYSICIAN AND COMPLETED HIND THE CONTROLL AND THE STATE DEAT. OF Health and Mental Hygiene prior to burial, cremation, or removal.

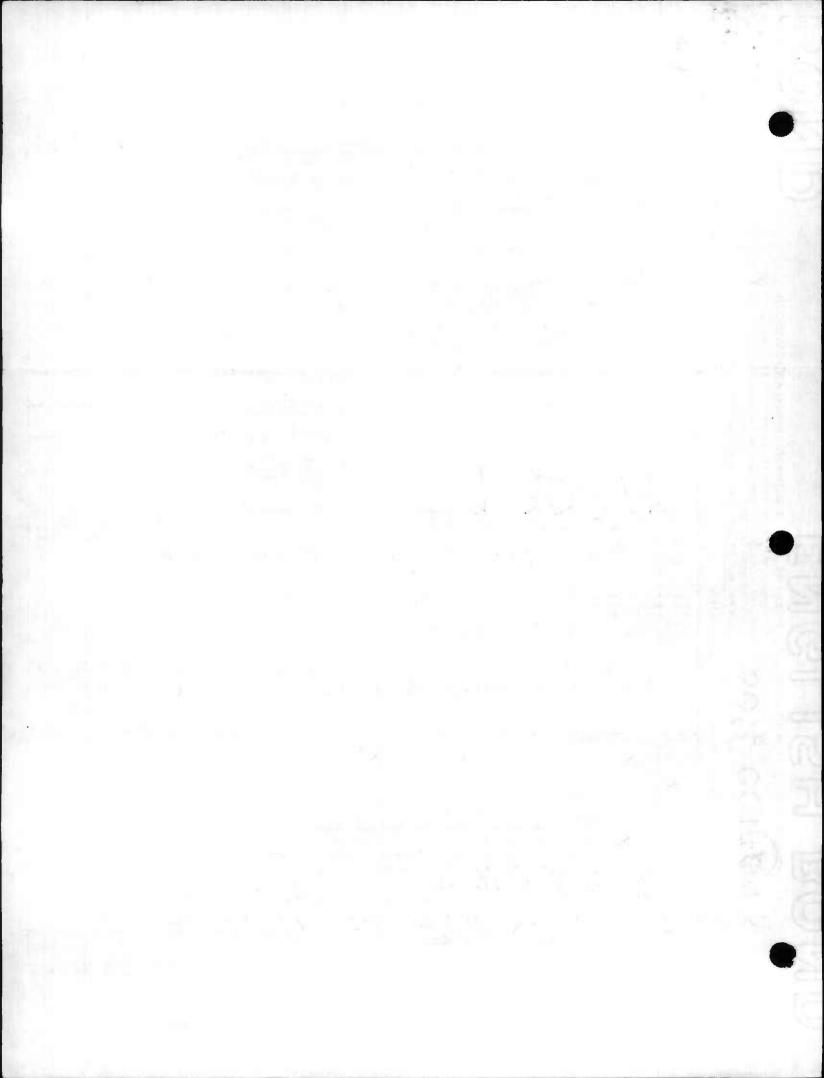
IMPORTANT If them 21 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

JIVISION OF VITAL RECORDS, P.O. BOX 68760,

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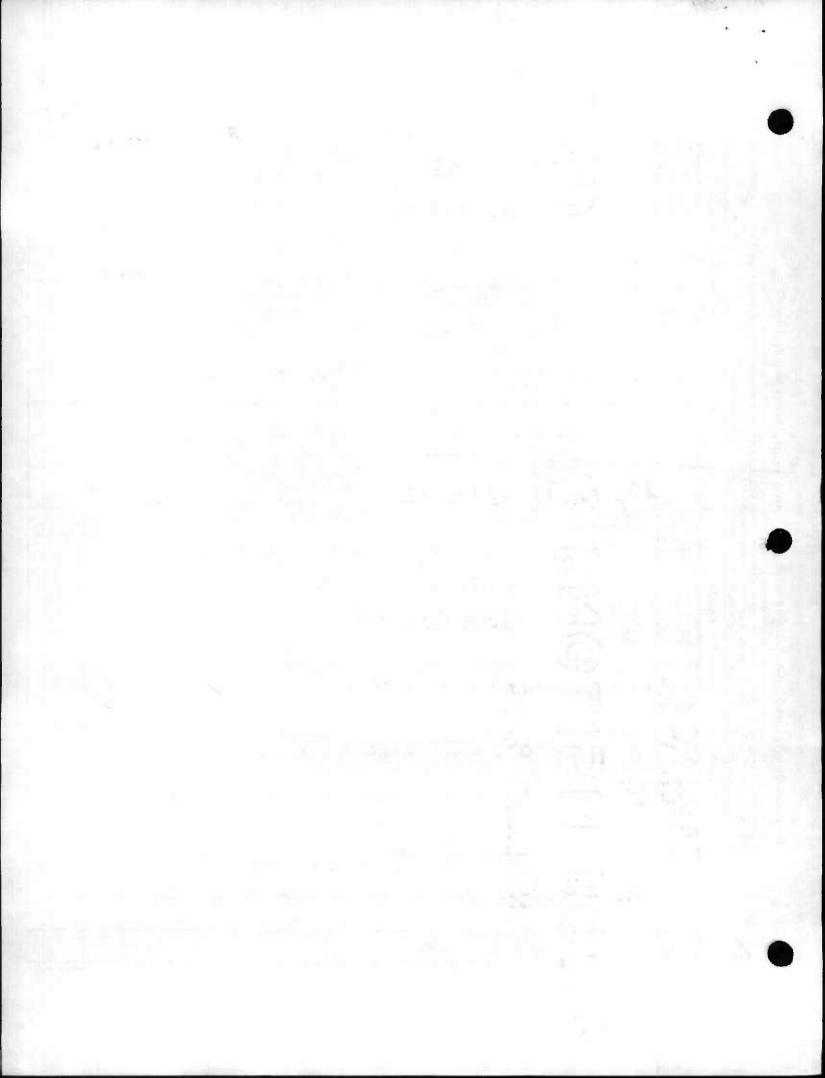
		FOR
1	_	STATE
		REGISTRAR

- REGIST	RAR		CERTIF	FICATE OF	DEATH		REG. NO				
1. DECEDENT	'S NAME (First, Middle, L	Last)					OF DEATH			3. TIME OF DEATH	
R	obert	C. Crane	2			Jan	3	19	92	10:10 A	
4. SOCIAL SE	CURITY NUMBER	5. SEX	B. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH		8. BIRTI	HPLACE (State or Foreign	
705-09		1 📉 M 2 🗆 F	97 YRS.	MONTHS DAYS	HOURS MIN.	Jul	y 10	1894		ĬV	
		nor Nursing	Home	Oakland	OR LOCATION OF DI	EATH			irret		
Dennet RESIDENCE 10a. STATE WV	10b. CO		10c. Cf	TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	AND NUMBER	THE LUI			of. ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?	
7	zelle Str				26726			1	J.S.A		
3 X Widowe	STATUS arried 2 Married d 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA WW I	EVER IN U.S. ARMED XYES 2 NO R OR DATES		en, Puerto R	Specify:			E — American Indian, ck, Whita, etc. city: 1 1 1 C		
	15. DECEDENT'S (Specify only highest y/Secondary (0-12)	grade completed) College (1-4 or 5 +)	(Give kind of	S USUAL OCCUPAT work done during muse retired.)	ION lost of working		KIND OF BU				
Z I	I/A		Carman			_	ailro				
	NAME (First, Middle, Las				16. MOTHER'S NA						
Samue	el Crane ANT'S NAME (Type/Print)		100- 1101110	C ADDRESS (Come)	Cathe		Ung	_	in Code		
	a Dawson			lozelle			er, city or low				
20g, METHOD	OF DISPOSITION		20b. PLACE AND DA	TE OF DISPOSITIO	N (Name	DATE	20c, L0	CATION -	- City or T	own, State	
	2 Cremation 3 D		of cemetary, cremato Potomac M	lemorial	Gardens l	/6/92	Key	ser,	WV	26726	
21. SIGNATUR	E OF FUNERAL SERVICE	CELICENSKE		Rotr	and address of Fa uck Funer outh Mair	al Ho				. 06706	
	disease or condition resulting in death)										
that initiate	sease or Injury ed events in death) LAST	d	OR AS A CONSEQUENCE	OF):							
PART II. O		motions contributing to				Part I.	24a. WAS AI PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CAS	E REFERRED TO MEDIC	PAL		26.	PLACE OF DEATH (C	heck only on	e)	-			
EXAMINE 1 YES		HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	ome 5 🗆 Rasidence						
27. MANNER		28a. DATE OF	NJURY 26b. T	IME OF 28c. II	NJURY AT	_	CRIBE HOW	INJURY O	CCURED		
1 Netu	I amount to a		y, rear)		VORK? YES 2 NO	1					
	ide 6 Could n	of be building, a	FINJURY — At home, farm rtc. (Specify)	, street, factory, off	lice	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,	
29a. CERTIFIE (Check or one)	THE CERTIFYING	PHYSICIAN: To the best of a								(a) and manner as stated.	
	AND TITLE OF SER	TIFIED DI	tool		29c. LICENSE NU	IMBER		29d. D/	ATE SIGNE	D (Month, Day, Year)	
296. SIGNATO	Donald	KMiche	671D			0035		>	1/3	192	
Do	WALD K	N WHO COMPLETED CAUS	AT BOX	pe, Print) (1495	OAK	LAN	D/	ND	2/5	170	
31. DATE FILE	1 (Month, Day, Year)	gula Day Com	TO MONIESCE								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	TICOIOTTIAIT					107111					HEG. NO.			
	1. DECEDENT'S NAME (First	t, Middle, Last)		-						2. DATE O	F DEATH DA	v	YEAR	3. TIME OF DEATH
	Richar	d War	ren Chr	issing	er					17/	AN /	r	92	8:24 PM
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDE		IF UNDER		7. DATE O	F BIRTH Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	217- 20 976	52.	1 M 2 F	6.	5 YRS.	MONTHS	DAYS	HOURS	MIN.	12/1	2/26		Mary.	
	9e. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF DE	
E	Baltimore (County	General	Hospit	-a1	1	Rand	alls	town			Rai	ltimo	re
DIRECTOR	RESIDENCE OF DE	CEDENT	GGHGTGT	моорт		-						20.		
	10e. STATE	10b. COUNT	Υ		10c, CI1	ry, town	OR LOCA	TION						10d. INSIDE CITY LIMITS?
ā	Maryland	Balt:	imore			Reist	ters	town						YES 24 NO
A P	10e. STREET AND NUMBER		77-36				10	. ZIP COD	E			10g. CIT	IZEN OF WH	IAT COUNTRY?
FUNERAL	343 Walgrov	ve Road	d					21.	136				U.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDEN			13.				NIC ORIGIN? an, Puerto Ri	(Specify Yee	or No-	14. RACE -	- American Indian, White, etc.
ВУ	1 Never Merried 2x 3 Widowed 4 Dive	-	IF YES, GIVE					2\∏XNO			can, etc.)		Specify	T Y7
			WWII											
	15. DEC (Specify on	CEDENT'S EDU hy highest grade	CATION completed)	184	(Give kind of	work done	during me	ON ast of worki	ing	16b.	KIND OF BUS	SINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u						71 1	. c x	0 1	
COMPL	12 Years			- (Comput	er A	пату	_					Decke:	Ľ
8	17. FATHER'S NAME (First, A							100			ddle, Malden	11.5		
띪	Wilbur Chri		er				_	_			Knig			
0	19e. INFORMANT'S NAME (11.00						r, City or Town			126
	Mrs. Ruth (inger						a K	7	rstow		City or Tow	136
	1 Donation 5 Othe	ion 3 🗆 Rem	noval from State	of ceme	ACE ANO OAT etary cremator COII C	y or other	place)	Core	ri oo	1/6/C				
	21. SIGNATURE OF FUNER		CENSEE	Call	LOTI C			ND ADDRE			74 Hall	psce	au, F	D .
	Sta	1.	m C	1000	11.0	Le	orin	g By	ers	Funer	al Di	rect	ors,	Inc.
	nego	non	111	Lung	Los	8	728	Libe	rty	Road	Randa	allst	town,	MD 21133
CERTIFICATION	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi if any, leading to immediates. Enter UNDERLY	inal	b. AC	O (OR AS A CO)	My 0	CALCOFI:	dir.	2 7	Info	nch	-			Interval Batween Onset and Death
FIC	CAUSE (Disease or Inj that initiated events	ury		OR AS A CO	NSEQUENCE (DF):								
H	reaulting in death) LAS	ST	d											
	PART II. Other signific	ant condition	ne contributing to	death but r	not requision	In the u	nderlyle	o câuca	alven la	Dart I	24s, WAS AN	ALITOREV	245	WERE AUTOPSY FINDINGS
EDICAL	Pulman		Carlo	<u> </u>		de		ig causa	givan in		PERFOR	RMEO?	0.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
הַ	- Merran	of the same of the	The state of the s				-			_	1 YES 2	□ NO		DF DEATH?
Σ	-									_			1	1 YES 2 □ NO
AN	25. WAS CASE REFERRED	TO MEDICAL					20 0	LACE OF	OFATH (C)	heck only one	-			
PHYSICIAN:	EXAMINER?		HOSPITAL:	□ EB/Outradia	mt 3 🗆 800	OTHE	R:			8 Other				
<u>¥</u>	27. MANNER OF DEATH		28e, DATE O		28b, TI	1		JURY AT	teeldence	_	CRIBE HOW I	NJURY OC	CURED	
BY PI	1 Natural 5 2 Accident	Pending Investigation	(Month,	Day, Year)	100	M	W	YES 2	□ NO					
	3 Suicide 8	Could not be	28e. PLACE building	OF INJURY —	At home, farm,	street, fa	ctory, offi	ca		28f. LOCA	TION (Street r Town, State)	and Numbe	er or Rural Ro	oute Number,
	4 Homicide	determined	1.1											
٦	29e. CERTIFIER 1 CER	RTIFYING PHYS	SICIAN: To the best of	f my knowledg	a, death occur	rred at the	time, dat	e end plec	e, end du	e to the ceu	e(a) and ma	nner ee sti	ated.	
COMPLETED	one) 2 ME	OICAL EXAMIN	ER: On the basie of	examination en	d/or investigat	lon, in my	opinion,	death occ	ured at the	e tima, date	end place, er	nd due to I	the cause(s)	end menner se stated.
ш	296. SIGNATURE IND TITL	E OF ORDER	R/(The	Si	na /	2000	29c. LIC	SINSE NU	JMBER		29d. OA	TE SIGNEO	(Month, Day, Year)
10 B	1 WYMAN	1/1/W	HO COMPLETED CO	-4-5	OTEN AT	B-1		3	361	132			17192	-
	30. NAME AND ADDRESS (OF PERSON W	NO COMPLETED CA	JSE OF DEATH	(ITEM 27) (<i>Typ</i>	e, Print)								
	31. DATE FILED (Month, Day		32. REGISTR	AR'S SIGNATU	RE									
	JAN TO	392	Transmitted	on-Navo	-									



BALTIMORE, MARYLAND 21215-0020

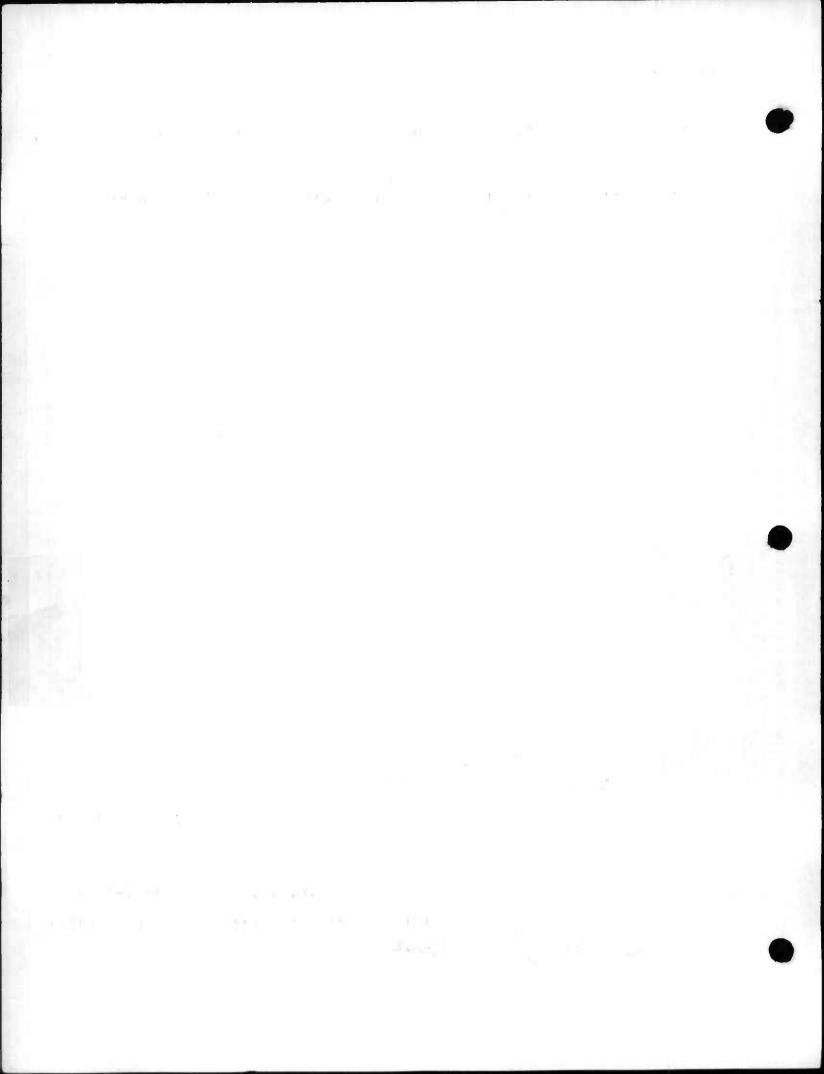
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

92-0107-047 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

1. DECEDENT'S NAME (First	, Middle, Last)	a TICAN							2. DAT	TE OF OEATH	W	VEAD	3. TIME OF DEAT	N
LYNN		S. USAN		CLE	M				Ö	06	19	92	9:30	A "M
4. SOCIAL SECURITY NUMBER 218-64-523	2	1 🗆 M 2 💢F	AGE (In yrs. les		IF UNDER 1 Y	MAYS	HOURS	24 HRS. MIN.	7. DAT	E OF BIRTH 2/15/19	53	Count	IPLACE (State or Form) ARYLAND	reign
9a. FACILITY NAME (If not in		eet and number)			9b. CITY, TO	O NWC	R LOCATI	ON OF DE				NTY OF D		
8500 ANTI	EDENT	APT 301			OCEA	N (CITY				WOR	CES	TER	
MARYLAND	106. COUNTY	ORCESTER		10c. CITY,	OCE		CIT	Y				10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO		
100. STREET AND NUMBER 8500 COASTA		WAY, APT.	301	01 10f. ZIP CODE 10					10g. CIT	10g. CITIZEN OF WHAT COUNTRY? USA				
11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Divo	Merried	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2 N	MED IO	lf y	es, spe	ENDENT Cociety Cube	F NISPAN	IIC ORIG	ilN? (Specify Yes o Rican, etc.)	or No-	14. BACI	E — American India k, White, atc.	
15. DEC	EDENT'S EDUC	ATION	18e. DE	CEDENT'S U	SUAL OCCI	JPATIO	N		16	Sb. KIND OF BUS	INESS/INE	VSTRV	AAIIT	110
Elementary/Secondary (C	y highest grade c	College (1-4 or 5+)	(Gi	Do NOT use	ork done duri retired.) EWIFE		t of workin	g			HOME			
17. FATHER'S NAME (FIRST, M LEONARD F							16. MOTI			Middle, Malden	Surname)			
19a. INFORMANT'S NAME (7	ypa/Print)		198	. MAILING A	ADDRESS (S	treet ar	nd Number			mber, City or Town		Codel		
MRS HELEN				5807	GIST .	AVE	., 2		L	BALTO.	MD	212		
14 Burlel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	(Specify)		20b. PLACE A	IRON OT	ABRAH	AM	NACH		1	/8/92	BALT	IMOF	wn, State RE, MD	
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE DI	MM	20	S NAI	ME AN	LEVI	NSON	YTLLIE 4.	BROS.,	INC.			
23. PART I. Enter the di	7000	Tellections that a	7770	201	1 6	OTO	REI	STER	STO	WN RD.,	BAL	TO.,	MD 212]	15
shock, or hi iMMEDIATE CAUSE (Fin disease or condition resulting in death)	sert fellure. Li	MULTIPI	on each line.								atory em	est,	Approxima interval Be Onset and	tween
		DUE TO (O	R AS A CONSEC	UENCE OF):										
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY!	diate	DUE TO (OF	AS A CONSEC	UENCE OF):										-
CAUSE (Disease or Inju that initieted events resulting in death) LAS	ry c.	DUE TO (OF	AS A CONSEQ	UENCE OF):										
PART ii. Other significe	nt conditions	contributing to de	ath but not re	suiting in	the under	rivina	C01100 0	hean in E	Daniel I	L av. 1400 av. 4				
				adding in	the direct		cease 8	iven in F	-art 1.	24a. WAS AN A PERFORM 1 XYES 2	MED?	24b.	WERE AUTOPSY FIN AWAILABLE PRIOR T COMPLETION OF CA OF DEATH?	NUSE
05 NM 0 0100 - 000													t Nes 2 N	0
25. WAS CASE REFERRED TO EXAMINER?	1	HOSPITAL:	NOutpatient 3		OTHER:			ATH (Chec						
27. MANNER OF DEATH	anding	28e. DATE OF IN.	Year).	28b. TIME	OF 28	won	RY AT		-	SCRIBE NOW IN	JURY OCC			\neg
	Could not be setermined	28e. PLACE OF IP building, etc	(Specify)		eet, factory,				City	CATION (Street are or Town, State)	d Number			\exists
		AN: To the best of my On the bests of exam	knowledge, dee	th occurred	at the time,				o the ce	ruse(s) end menn	or oe state	d. OCE		, ME
29b. SIGNATURE AND TITLE	OF CERTIFIER	:01	2/			T	29c. LICE	YSE NUME	BER		29d. DATE	SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, P	rint)		0.0	. M . E			-01	-0/-	-1992	
21 DATE EILED (March C.)	4 and	Las Assessment		11 P	ENN	ST	REE	T BA	ALT	IMORE	MAR	YLAI	ND 2120	1
JAN 1	71992	Juna Dav	SIGNATURE GOS	ndelle									- 6	5.00



les 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	S.	
III THE STATE OF A LENDING FRISHMAN. THE NAM REQUIRES THAT CHILDRED BE CHECKED WITH 24 HOURS After Geath. Page 6 may be retained by the hospital or attending physician.	TO THE FAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag be and with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
arter death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be and within 22 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	icai exam
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TOICIA	is certifi	ed, or
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92 00394 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lust) 2. DATE OF DEATH DAY JACOB CZEKALSKI 3. TIME OF DEATH Jacob CZEKalskI YEAR 92 Oi 1.20 a m 08 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 1-26-03 1 X M 2 - F MARYLAND 213-09-2135 88 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Church Home Hospital Baltimore Baltimore RESIDENCE OF DECEDENT 10a STATE 10b. COUNT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17 VISTA MOBILE DRIVE 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Wildowed 4 Divorced FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES BY WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 YEARS STEEL ROLLER BETH. STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MRS. DIANE RACHUBA 1731 HILYARD ROAD BALTIMORE, MD. 21234 20s. METHOD OF DISPOSITION
1 💢 Burlai 2 🗆 Cremation 3 🗆 Removal from State 20c. LOCATION - City or Town, Slata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE "HULLY CRUSS" PNCCC 4 Donation 5 Other (Specify) 1-10 BALTO., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE KACZOROWSKI FUNERAL HOME 2525 FLEET STREET BALTO., TOM-MD. 21224 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line. Approximate interval Between **IMMEDIATE CAUSE (Finei** Onsat and Daath disaese or condition A cute myelold
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Myocarda al
DUE TO (OR AS A CONSEQUENCE OF): Injarction CERTIFICATION Sequentially list conditions, if any, leading to immediate Renal INSULLICIONCY cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the undariying ceuse given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 XNO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Impetient 2 | ER/Outpetient 3 | DOA OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 1 TES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED S Could not be 4 Homicide 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as ateted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TUNE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Derven MV ider House Officer D38993 8 192

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. RECHETBAR'S SIGNATURE

22. S. Greene

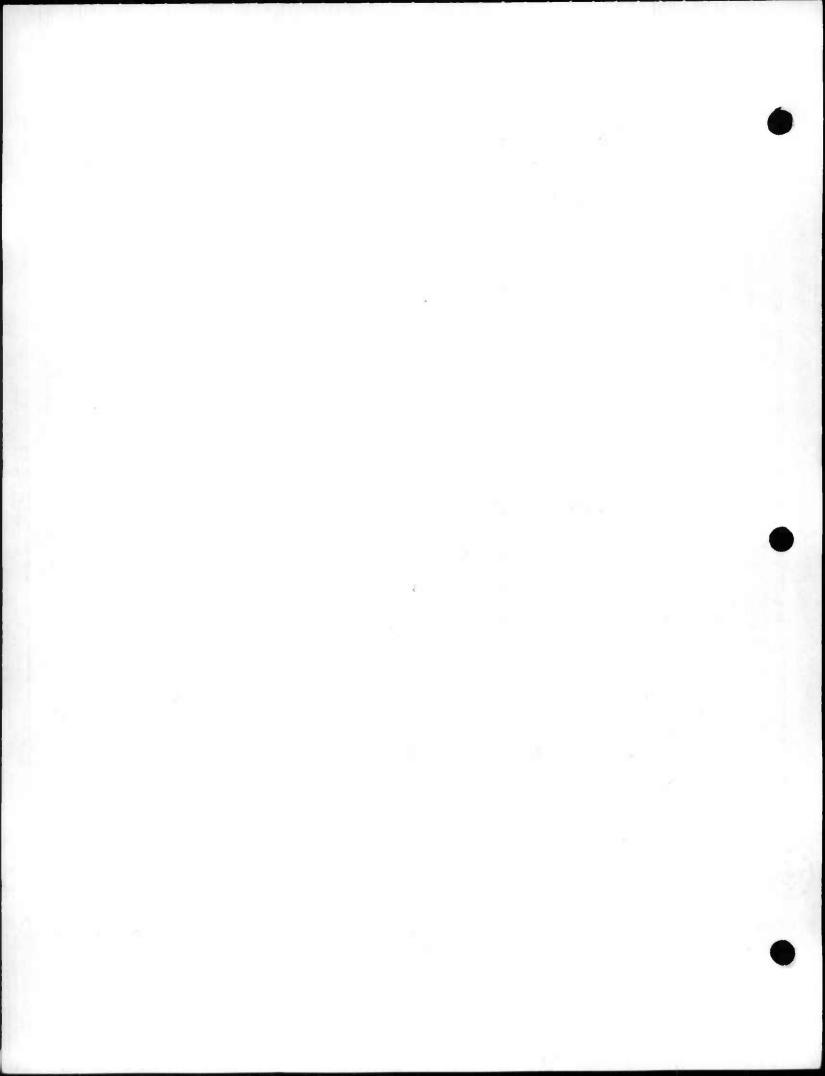
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Battimore

street

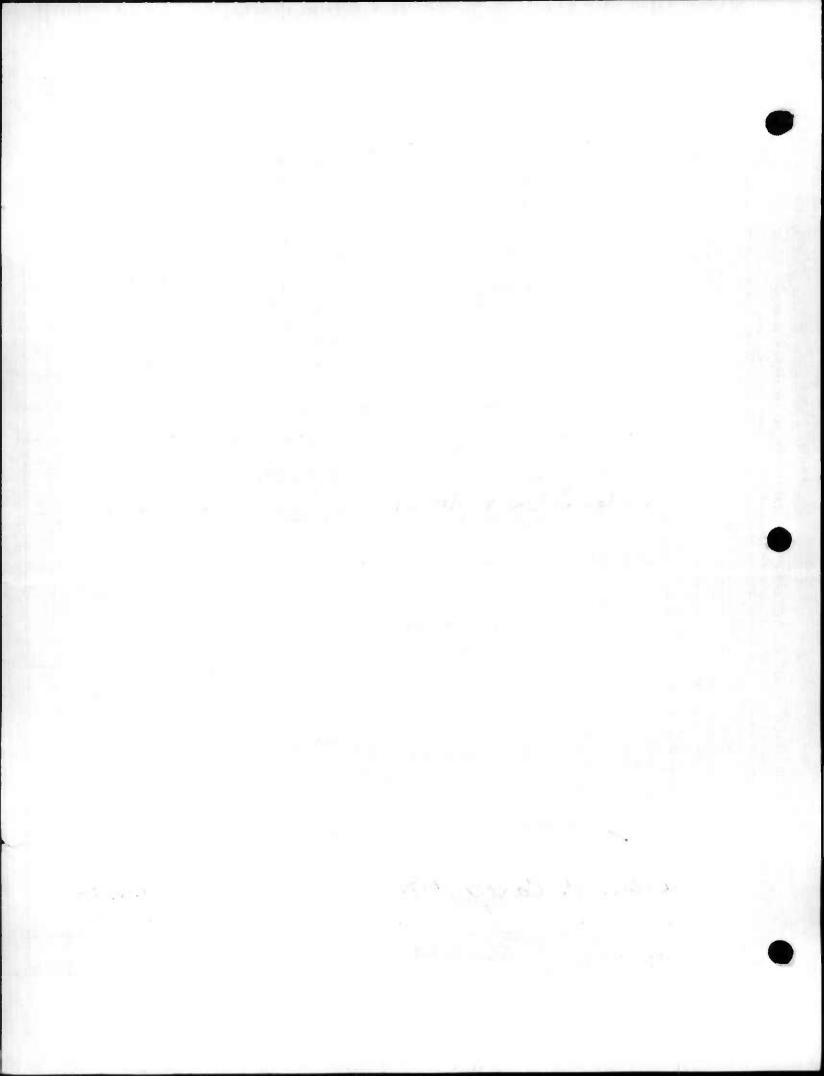


	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				IENE 9	2 003	95
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH	3. TIME OF	DEATH
	Russel E.	COLEMAN	Sr.			1-9-9	2 DAY	5:45	Ам
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	н	BIRTHPLACE (State	
-	216-24-4980	1 🕱 M 2 □ F 63	YRS.	ONTHS DAYS	HOURS MIN.	12-4-192	28	Balto.Md	•
	9a. FACILITY NAME (If not institution, give a		9	b. CITY, TOWN OF		EATH		Y OF DEATH	
5	Franklin Square H	osp.		Rossvi.	lle		Balt	imore	
DIRECTOR	10a, STATE 10b. COUNT	Y	10c. CITY.	TOWN OR LOCATE	ON			10d. INSIDE	CHTV
E	Md. Bal	timore		dalk	514			LIMITS 1 YES	22
	10e. STREET AND NUMBER		Dan		ZIP CODE		10g. CITIZI	EN OF WHAT COUNT	
FUNERAL	3012 Dunbrin Road				21222		U.S.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED	13. WAS DECE	NDENT OF HISPA	NIC ORIGIN? (Speci	ly Yas or No- 1	4. BACE - America	n Indian,
BY F	1 Never Married 2 WMarried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, spec	offy Cuban, Maxic 2 PNO Speci	an, Puarlo Rican, at	2.)	Black, White, atc. Specify:	
								White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of worklife. Do NOT use r	k done during most	t of working	16b. KIND O	F BUSINESS/INDU	STRY	
٦	Elementery/Secondary (0-12) Unknown	College (1-4 or 5+)	Maintand			State	of Md.		
W	17. FATHER'S NAME (First, Middle, Last)		ratitean	oc ouper					
Ö	Linn M. Coleman				Viroit	ame (First, Middle, M nia Boyer	eiden Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAH ING AI	ODBESS (Street on		Route Number, City of			
2	Nancy R. Coleman					altimore,			
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF				c. LOCATION — CI		
	1 X Burlat 2 Cremation 3 Remarks Donation 5 Other (Specify)	oval from State cem	etery, crematory or other	r place)					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	ak Lawn Ce	22. NAME AND	ADDRESS OF F	VCILITY	Baltimor		
	Muto X	(1,000	M 11	Bradley	-Ashtor	Funeral	. Home,	Inc. .,Md. 212	
	23. PART I. Enter the diseases, or o	complications that caused	the deeth Do not	KI34 Wi	LLOW SI	oring Rd.	, Balto	.,Md. 212	
	anock, or neert tellura.	Liet only one cause on ea	ach line.	onto the mod	e or dying, sur	in ea cardiac or	espiratory arres	Inter	oximate val Between
	IMMEDIATE CAUSE (Final disease or condition	Mussandia	1 Info	. 4. 2				Onae	t end Death
	reaulting in death)	a. Myocardia DUE TO (OR AS A	CONSEQUENCE OF):	ction					
z		Alcohol A	buco					į	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	b. Alcohol Abuse DUE TO (OR AS A CONSEQUENCE OF):							
S	CAUSE (Disease or Injury	«Hepatic Failure Due TO (OR AS A CONSEQUENCE OF):							
E				11 44.					
H	Totaling in dooling Exot	Gastrointe	Stinai	sieedii	ng				
ALC	PART II. Other significent condition	e contributing to deeth be	ut not resulting in I	the underlying	cause given in	Part i. 24a. WA	S AN AUTOPSY	24b. WERE AUTOR	PSY FINDINGS
2	Renal Insuffic	iency				PE	RFORMED?	AVAILABLE P	
						'	S 2 X NO	DF DEATH?	ı 🗆 NO
ž						_		1 163	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (C/	eck only one)			
Si	1 YES 2 NO	HOSPITAL:	effect 3 DOA 4	THER: Nursing Home	5 Raaldenca	6 Other (Specify			
F	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O		RY AT	28d. DESCRIBE H	OW INJURY OCCU	RED	
B	1 Natural 5 Pending 2 Accident Investigation				S 2 NO				
	3 Suicide 6 Could not be	26a. PLACE OF INJURY building, atc. (Spec	- At home, farm, atre-	et, tactory, offica		26f. LOCATION (S. City or Town,	reet and Number or	Rural Route Number,	
COMPLETED	4 Homicide daterminad								_
립	29a. CERTIFIER (Check only	CIAN: To the beat of my knowle	edge, death occurred a	it the time, date e	nd place, end due	to the cause(e) end	I manner as atated		
Š	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, i	n my opinion, dea	th occured at the	time, data and plac	e, and dus to the	cause(s) and manner	sa stated.
BE O	29b. SIGNATURE AND TITLE OF CERTIFIER	1	4.45		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day,	Year)
10 B	wrian (.	Carty	MD				•	19/92	
F	30. NAME AND ADDRESS OF PERSON WHO Dr. Brian C. Ca	rtv 9000 F	ranklin	Square	e Dr.	Baltimo	re-Md	21237	
	31. DATE FILED (Month, Day, Negri).	32-REGISTRAR'S SIGNA		- quar			,		
		Alia Davidson-1	TOTAL						

IN THE PLY ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. INL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

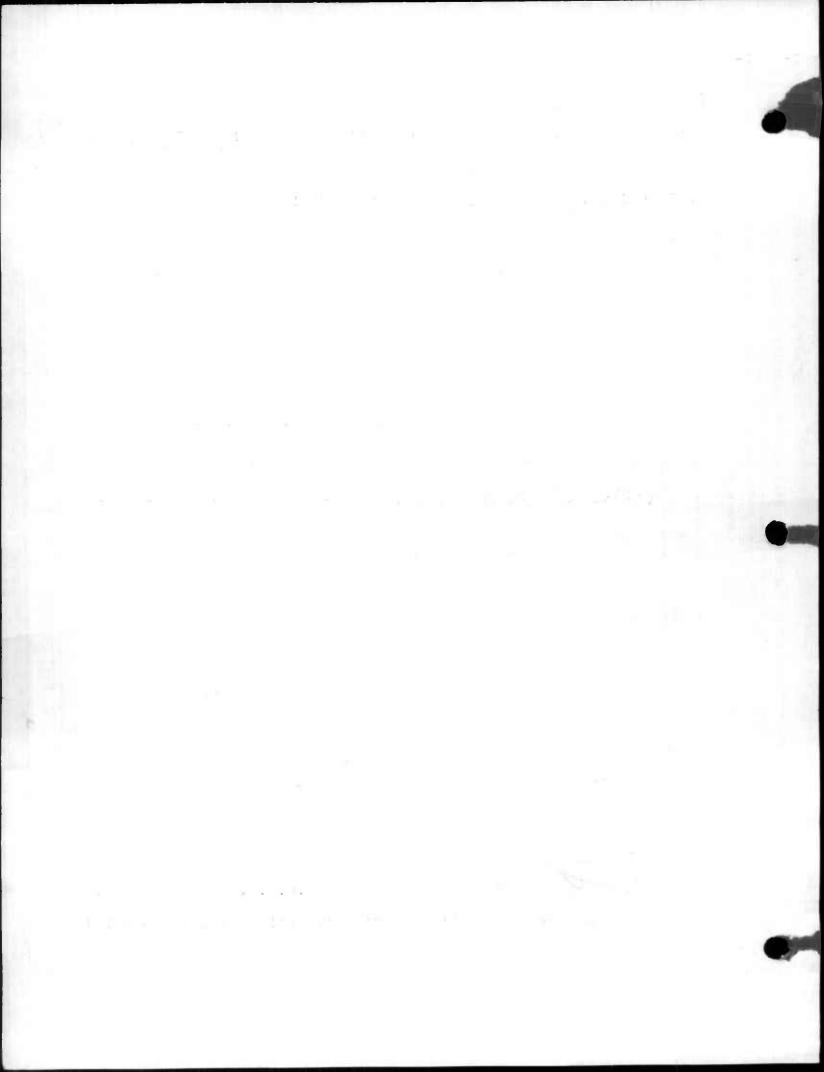
BALTIMORE, MARYLAND 21215-0020

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BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Panes 1.2.3 enough	, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIGHLING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.	TO THE RINGHAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

The second secon		CERTIF	ICATE OF	DEATH	MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH		
			GETT				4:00 PM		
213-28-5689	1X M 2 🗆 F 59		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Menth, 200 You) 9.	32 s. Biffr Ba	Place (State or Foreign		
9e. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF			
RESIDENCE OF DECEDENT	AD Apt. B					ANNE ARUNDEL			
	Arundel		,			10d. INSIDE CITY LIMITS? 1 YES XXXNO			
10e. STREET AND NUMBER			101	. ZIP CODE			WHAT COUNTRY?		
	12. WAS DECEDENT EVER IN	III S ADMED			IC OBIGIN3 (Specify Voc				
1 Newer Merried 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexicer	n, Puerto Rican, etc.)	Blac	E — American Indian, ck, White, etc. chy:		
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S	USUAL OCCUPATIO	ON st of working	16b. KIND OF BUS				
Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)				Steel				
Hubert A. Clagett				Julia I	ME (First, Middle, Maiden Bein	Surname)			
190. INFORMANT'S NAME (Type/Print) Sarah Clagett		196. MAILING 3638]	ADDRESS (Street a	nd Number or Rural A te St. Ba	alto., Md.	n, State, Zip Code) 21224			
20e. METHOD OF DISPOSITION 1 Burlet 2X Cremation 3 Remove 4 Departion 5 Other (Specify)		atery, crematory or or	ther place)				own, Stata		
	HELE GY	een Mour	22. NAME AN	P ADDRESS OF EAC	<u>/+92 Bal</u>	to.,Md.			
* tate &	lasher	Mool	8000 E	 Baltimo 	ore St., B	alto.,	Md. 21224		
iMMEDIATE CAUSE (Final disease or condition	NARCOTIC IN JUE TO (OR AS A	CONSEQUENCE OF	ION 7):		as caldiac of lespi	atory arrest,	Approximate interval Between Onset and Death		
that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:						
PART ii. Other algnificant conditiona	contributing to death bu	it not resulting i	n the underlying	cauae given in F	PERFOR	MED?	MERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ck naty one)				
		tlent 3 DOA	OTHER:						
27. MANNER OF DEATH 1 Natural 5 Accident	26e. DATE OF INJURY (Month, Day, Year) UNKNOWN	INJI	OF 26c. INJU	JRY AT		JURY OCCURED			
3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Specific HOME)	Al home, lerm, s	traet, lactory, office		261. LOCATION (Street a) City of Town, State) GLEN BURN	nd Number of Rural I	Jourse Number ROAD		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.	AN: To the best of my knowle On the basic of examination	dge, death occurre	d at the time, data	end place, end due to	o the cause(e) end man	ner as stated.	e) end manner ea stated.		
200 STEMATHIRE AND TITLE OF CERTIFICATI	no					29d. DATE SIGNED			
	COMPLETED CAUSE OF DEA								
31. DATE FILED (Month, Day Year)	32. HELISTRAN'S SHOWA		STREET	T, BALTIN	MORE, MARY	YLAND 2	1201		
	LEROY BUGI 4. SOCIAL SECURITY NUMBER 213-28-5689 99. FACILITY NAME (If not institution, give str 7859 CRILLEY ROA RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Md. Anne 109. STREET AND NUMBER 7859 Crilley Road 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) Unknown 17. FATHER'S NAME (First, Middle, Last) Hubert A. Clagett 199. INFORMANT'S NAME (FyperPrint) Sarah Clagett 209. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remon 4 Dogation 5 Other (Specify) 11. SIGNITURE OF UNERAL SERVICE LIDE 23. PART 1. Enter the diseases, or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) 24. Was case reference to MEDICAL EXAMINER? 1 Natural 5 Academy 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Academy 26. MANNER OF DEATH 1 Natural 5 Academy 27. MANNER OF DEATH 1 Natural 5 Academy 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29b. Elemantary Title OF CERTIFIER 29c. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29c. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29d. MEDICAL EXAMINER: 29d. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29d. MEDICAL EXAMINER: 29d. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29d. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29d. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29d. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29d. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29d. CERTIFIER (Check only 1 CERTIFYING PHYSIC) 29d. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	LEROY EUGENE 4. SOCIAL SECURITY NUMBER 213-28-5689 9. FACILITY NAME (If not institution, give street and number) 7859 CRILLEY ROAD Apt. B RESIDENCE OF DECEDENT 100. STREET AND NUMBER 7859 CRILLEY ROAD Apt. B 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES, FYES, GIVE WAR OR D. 13. MIGOWED APT. B 14. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Unknown 17. FATHER'S NAME (First, Middle, Last) Hubert A. Clagett 102. METHOD OF DISPOSITION 1 Burlet 2/2 Cremation 3 Removal from State 203. PART I. Enter the diseases, or complication at hat caused shock, or heart failure. List only one cause on estimated and the cause of the conditions, if any, leading to immediate cause. Entar UNDERLY ING CAUSE (Piesase or Injury that initiated eventa resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLY ING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST 26. PLACE OF INJURY Doubling, etc. (Specify Cond) 2 MEDICAL EXAMINER: On the beat of my knowled at momental and married and m	LEROY 4. SOCIAL SECURITY NUMBER 21.3—28—56.89 9. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 100. FACILITY NAME (If not institution, give street and number) 100. FACILITY NAME (If not institution, give street and number) 100. FACILITY NAME (If not institution, give street and number) 100. FACILITY NAME (If not institution, give street and number) 100. FACILITY NAME (If not institution, give street and number) 100. FACILITY NAME (If not institution, give street and number) 100. FACILITY NAME (If not institution, give street and number) 100. FACILITY NAME (If not institution, give street and number) 110. FACILITY NAME (If not institution, give street and number) 111. MARITAL STATUS 112. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO FORCES? 1 YES 22 YES 24 YES	LEROY EUGENE CLAGETT 4. SOCIAL SECURITY NUMBER 21.3-28-5689 9. SEX 21.	LEROY EUGENE CLAGETT 4. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 5. SEX S. AGE (fin yrs. last periodic) 5. SEX SOCIAL SECURITY NAME (if not institution, give shore and number) 5. SEX SOCIAL SECURITY NAME (if not institution, give shore and number) 5. SEX SOCIAL SECURITY NAME (if not institution, give shore and number) 5. SEX SOCIAL SEX SO	LEROY EUGENE CLAGETT OIT OF CONTROL SCOUNTY NUMBER OF SERVING SCOUNTS NUMBER OF SERVING SCOUNTY NUMBER OF SERVING SCOUNTS	LEROY BURNER SEC 13-28-5689 SEC 15-9 VIS. SEC 15-9 VIS. SEC 13-28-5689 SE		



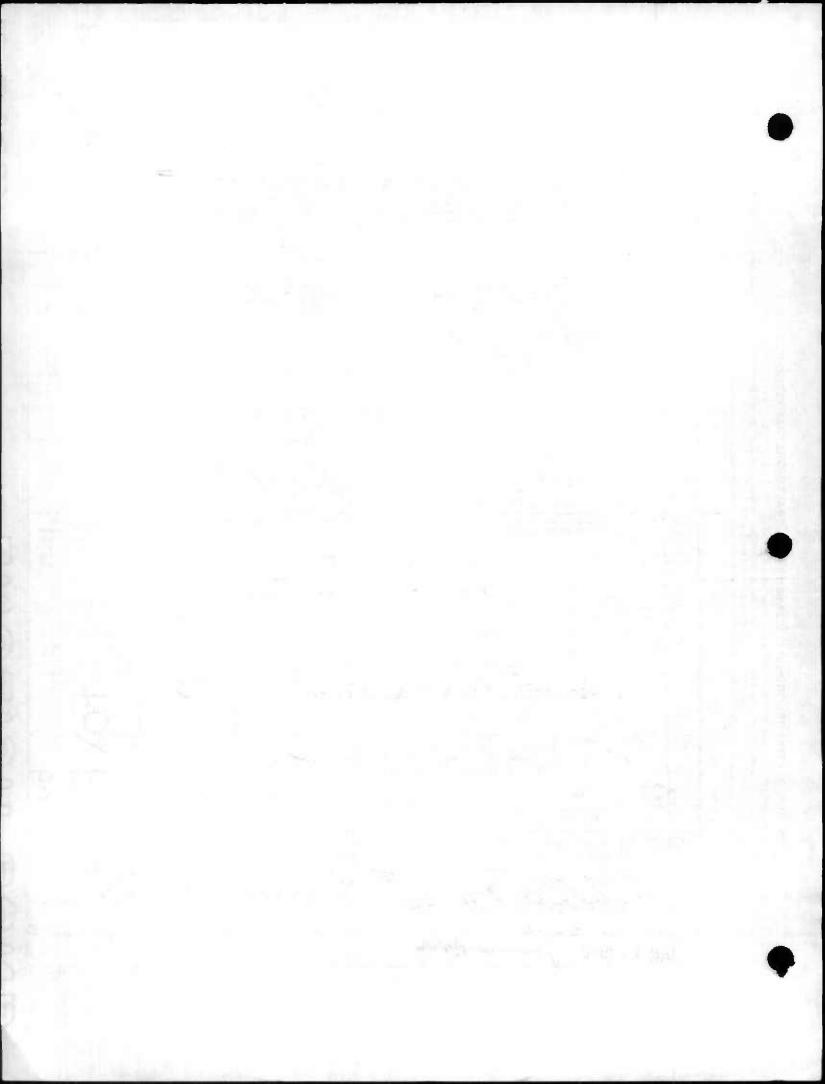
		ending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. I
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j.	ertifi	B.
P.O. BOX 68/60,	th certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ending physician and completely filled in by the

Pages 1, 2, 3 should TO THE MISSENIA OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached by the attending physician and completely filled in by the funeral director, page 5 should be detached by the attending physician and when a hygiene prior to burial, cremation, or removal.

IMPORTANT IT THEM 28 IS MARKED, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

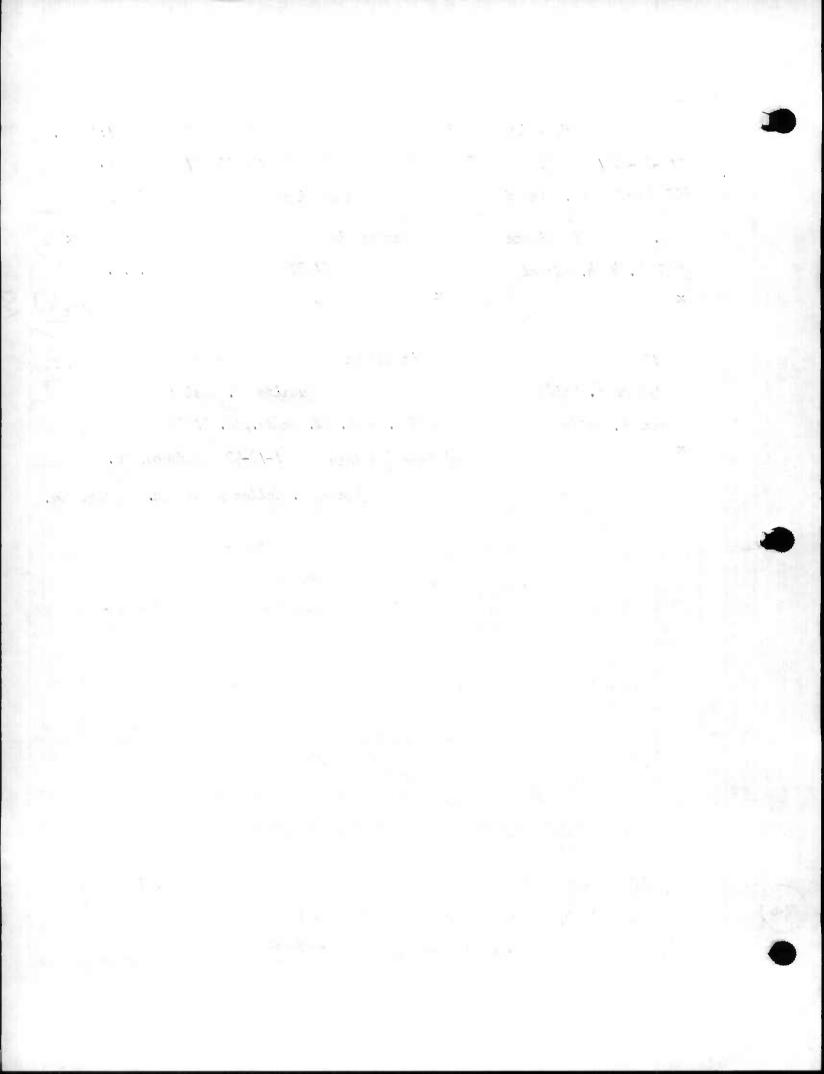
DIVISION OF VITAL RECORDS,

_	REGISTRAR		CER	TIFICATE	OF DEAT	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2	DATE OF DEATH			IME OF DEATH
-4	ELIZABETH	DETT	7				TAN 4,19		YEAR	3 D M
	4. SOCIAL SECURITY NUMBER		L. AGE (In yrs. last birti	hday) IF UNDER 1	YEAR IF UNDER 2	14 UDO 7	DATE OF BIRTH		DIDTUDI A	E (State or Foreign
	The second of th			MONTHS	DAYS HOURS	MIN.	(Month, Day, Year)	14	Country)	
	212-12-7874	1 M 2 X F	78 Y	RS.			IAN. 16.	19	PENN	SYLVANIA
	9a. FACILITY NAME (If not institution, give st			9b. CITY,	TOWN OR LOCATIO	N OF DEAT		9c. COUNT	Y OF DEATH	
E	2715 JENNER CT.,	APT. D		12	BAL	TIMOR	E			
DIRECTOR	RESIDENCE OF DECEDENT									
	10e. STATE 10b. COUNTY		10	c, CITY, TOWN OF	R LOCATION				10d	INSIDE CITY
E	MARYLAND				BALTIMO	DF				
										MES 2 □ NO
A	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZI	EN OF WHAT	COUNTRY?
E	2715 JENNER CT.,	APT. D		100	212	09		US	SA.	
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. W	AS DECENDENT OF	F HISPANIC	ORIGIN? (Specify Yes	or No-	4. RACE — A	American Indian,
	1 Never Married 2 Merried	FORCES? 1	YES 2 NO	H H	yes, specify Cuber	, Mexicen, F	Puerto Rican, atc.)		Black, Wh	ite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	H OR DATES	1	YES 2 X NO	Specify:		- 1	Specify: W	HITE
								<u> </u>		
E	15. DECEDENT'S EDUC (Specify only highest grade		(Give ki	ENT'S USUAL OC ind of work done d	CUPATION uring most of working	7	16b. KIND OF BUS	SINESS/INDU	STRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use retired.)						
4		4	MI	ERCHANT			CF	ILLDRE	N'S W	EAR
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18, MOTH	ER'S NAME	(First, Middle, Maiden	Surname)		
Ö	ISAAC JONAH					JENN				
BE										
2	19e. INFORMANT'S NAME (Type/Print)						te Number, City or Tow		Code)	
F	MRS. SELDA SUSSM	AN	4	4110 ESS	SEX RD.	BAL	TIMORE, MI	212	207	
- 1	204 METHOD OF DISPOSITION		20b. PLACE AND	OATE OF DISPO	SITION (Name				ity or Town,	State
	1 Li∆Buriel 2 □ Cnimation 3 □ Remo	oval from State				TCDA	EL SEC.)			
	4 Donetion 5 Other (Specify)	1 12	DIVAL .					1/1/9	Z BA	LTO., MD
- 1	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. 1	SOL LEV	INCONT	& BROS.	TNC		
- 3	> Andia	LILLEYV	WAD	- 3					mo.	WD 01015
-	promise .	Acce	- Luci		OUTO RE	ISTER	STOWN RD.	, BAL	10.,	
	23/PART L Enter the diseases, or of shock, or heart failure.	omplications that	caused the death.	. Do not enter	the mode of dyi	ng, such s	aa cardlac or reapi	retory arre	at,	Approximate interval Between
	IMMEDIATE CAUSE (Final	Liat Only One Coda	o on auch mie.							Onset and Death
	disease or condition	/	- 0 -		1				į	
	reaulting in death)	0.	OR AS A CONSEQUE	e an						
- 1		DOE 10 (JA AS A CONSEQUE	NCE OF J:	1.1	1				
Z		b	myste	alles	yer	1750	4			
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A SONSEQUE	NCE OF):	0					
X	cause. Enter UNDERLYING									
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUE	NCE OF):						
E	reaulting in deeth) LAST									
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MEDICAL CERTIFICATION	PART ii. Other aignificent condition	a contributing to	eath but not reau	iting in the un	derlying cause g	iven in Pa	ert i. 24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
A	14.04.0	Date: F	300 male		-		PERFOR	RMED?		ILABLE PRIOR TO MPLETION DF CAUSE
ă	Volume	40-04	- Cary	CALCA	noun		1 YES 2	NO S		DEATH?
Æ									10	YES 2 NO
-										
Z					26. PLACE OF O	EATH (Chack	r anh anel			
4	25. WAS CASE REFERRED TO MEDICAL					Train (Supply	Corny Orion			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	t:	4				
YSICIA		1 Inpatient 2	ER/Outpatient 3 🗆	OTHER		Eldence 8	Other (Specify)			
HYSICIA	EXAMINER?	1 Inpatient 2 I	NJURY 21	DOA 4 Num	t: sing Home 5 A RE 28c. INJURY AT		Other (Specify)	NJURY OCC	URED	
Y PHYSICIAN:	EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Matural 5 Pending	1 Inpatient 2	NJURY 21	DOA 4 🗆 Nurs	t: sing Home 5.44	2		NJURY OCC	URED	
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ВУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 New York Street Str	28e. PLACE OF building, a	NJURY 21 INJURY — At home, itc. (Specify)	DOA 4 Num Bb. TIME OF INJURY M farm, street, fact	t: sing Home 5 - Re 28c. INJURY AT WORK? 1 YES 2 - Dry, office	NO 2	tel. DESCRIBE HOW to tell. LOCATION (Street City or Town, State) the cause(e) and ma	and Number	or Rural Route	
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BE COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28a. DATE OF I (Month, De 28a. PLACE OF building, a 10 CIAN: To the best of str.)	NJURY 21 INJURY — At home, itc. (Specify)	DOA 4 Num Bb. TIME OF INJURY M farm, street, fact	t: ling Home 5 Per 28c. INJURY AT WORK? 1 YES 2 ory, office ma, date end place, pinion, death occur	NO 2	tef. LOCATION (Street City or Town, State) the cause(e) and ma me, date and place, as	and Number of	or Rural Route d. cause(e) en	d manner as stated.
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BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Negural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WH	1 Inpatient 2 28e. DATE OF (Month, De 28e. PLACE OF building, a 28e. Or the best of a 28e. Or the basic of exercise Complete CAUS	NJURY /, Veer) INJURY — At home, ric. (Specify) my knowledge, death amination end/or inve	DOA 4 Nursell	t: sing Home 5 Per 28c. INJURY AT WORK? 1 YES 2 ory, office me, date end place, pinion, death occur	NO 2	tef. LOCATION (Street City or Town, State) the cause(e) and ma me, date and place, as	and Number of	or Rural Route d. cause(e) en	d manner as stated.



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within the part of the form of the signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal. he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ACHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the seath cash of the death. Page 6 may be retained by the hospital or attending physician and completely filed in by the tuneral director, page 5 should be detached for use as the burial-trans	be that within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARY!		NT OF HEALTH AND N	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) David Michael L			2. DATE OF DEATH MONTH DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 2/8-88-842/ X□ M 2 □ F 3	(In yrs. last birthday) IF UND YRS.	366	7. DATE OF BIRTH (Month, Dey, Year) 61	Country)	id.
TOR	9a. FACILITY NAME (If not institution, give street and number) 655 South 48th. Street RESIDENCE OF DECEDENT		ty, town or location of de Harbor View		COUNTY OF DEA	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Md. Baltimore		n or Location or View			Od. INSIDE CITY LIMITS? VES 2 NO
ERAL	655 S. 48th. Street		101. ZIP CODE 2/224	10g.	U.S.A	
B≼	11. MARITAL STATUS 1 Deliver Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	3. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puarto Rican, atc.)	14. RACE — Black, V Specify:	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collega (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work doi life. Do NOT use retired	ne during most of working d.)	16b. KIND OF BUSINESS	/INDUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Leat) Edward F. Daily			ME (First, Middle, Maiden Surmann ta B. Rosier	•	
10	19a. INFORMANT'S NAME (Type/Print) Edward F. Daily		8th. St. Bal	to., Md. 21224		
		bb. PLACE AND DATE OF DI Cemetary crematory or other	reteru 1-	10-92 Eastw	vod, Ma), State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Charles S. Ze		nc. Eas	tern Ave.
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE: (Disease or injury	aach lina.	mothorax (Approximata Interval Between Onset and Daath
MEDICAL	PART II. Other significant conditions contributing to death Mycobacterary Curawi Washin g synds	but not resulting in the	1. 1.	Part I. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO	0 6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Ox	tpatiant 3 DOA 4		6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year, Accident Investigation	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED	
0		RY — At home, farm, street, ecify)	factory, office	281. LOCATION (Street and Nur City or Town, State)	mber or Rural Rou	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basis of examinet					and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER AN COLUMN TO THE COLUMN THE		29c. LICENSE NU	MBER 29d. ▶	DATE SIGNED (A	Worth, Gey, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	MD, B21	N. Erfyw A	L Sux 3/1		
	31. DATE ILLE (Month, Day, Year) 32. REGISTRAR'S SIG	1992	a Davidson-Randal	2		



page 5 should be detached for

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the funeral

filled in by

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signed by the attending physician an Health and Mental Hygiene prior to

has been s Dept. of H

RAL DIRECTOR: After this certificate his 22 hours after death with the State C: If Item 28 Is marked, or Item

be notified at

must

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or other

shows any

23

use as the burial-transit permit. Pages 1, 2, 3 should

PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH O I CLARENCE Α. ELLIS 08 92 5:14 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-78-2924 28 YRS. DAYS HOURS 8-19-63 1 X M 2 F MD 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 601 GEORGE STREET APT. 4 21201 U.S.A. 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced **BLACK** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 10th 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
ELIZABETH HORTON ROLAND ELLIS 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 601 GEORGE ST. APT. 4/BALTIMORE, MD 21204 ELIZABETH ELLIS 20e. METHOD OF DISPOSITION
1 (V Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State WESTERN STAR CEMETERY CATONSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. On not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarvai Batween IMMEDIATE CAUSE (Final Onset and Daath disease or condition Newgo Nich resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting In death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AILABLE PRIDE TO OMPLETION DE CAUSE YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 27. MANNER OF DEATH 1 Inputient 2 ER/Outputient 3 I DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specily) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) ETED I 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide COMPL 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(s) and menner se stated. MEDICAL EXAMINER: On the basis of ave mination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and menner es stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 01/09/92 O.C.M.E. 3 JAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARON PENN STREET, BALTIMORE, MARYLAND 21201 111

31. DATE FILED (Month, Day, Year)

1992

182. REGISTRAPESIGNATES

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TERRET N. C.

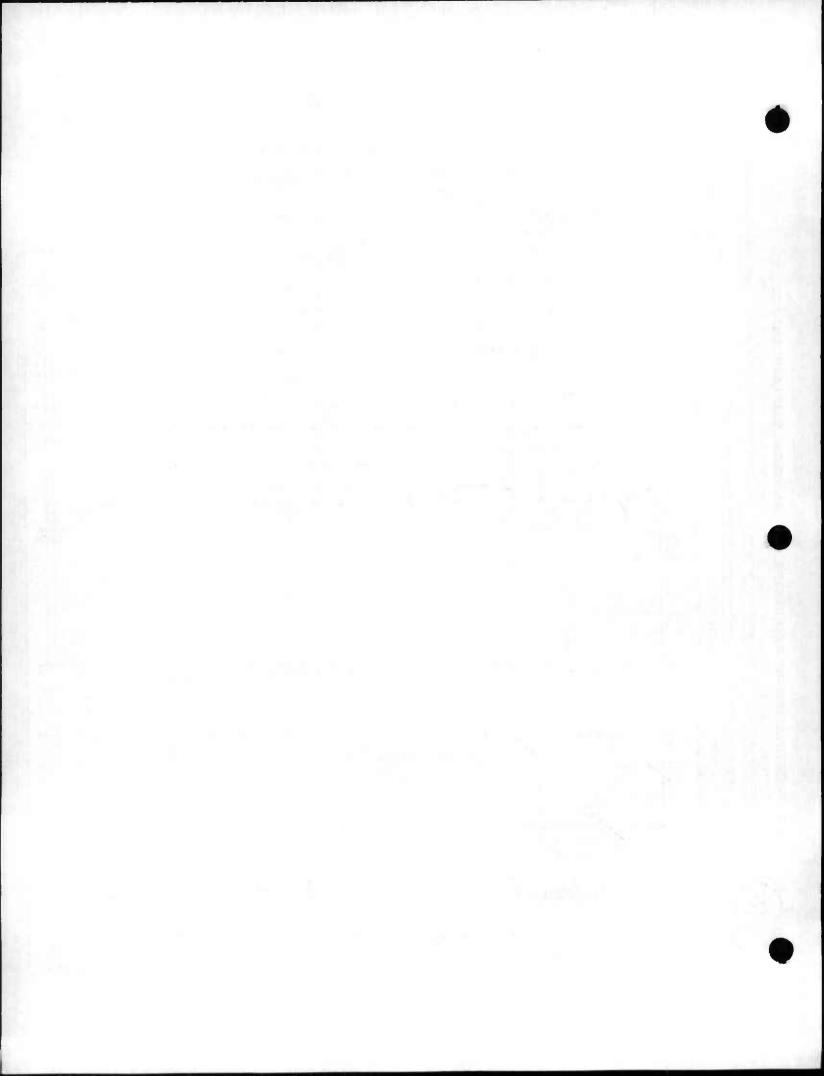
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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	1078 N. H. Harry D. is secondary to the second second second second the second
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	MENT OF H	IEALTH AND DEATH	MENTAL	L HYGIENE REG. NO.	:		
	1. DECEDENT'S NAME (First, Middle, Last)	MARY A. EGE	ERTON		9	2. DATE (OF DEATN	g	2 3. T	O6.10amm
	4. SOCIAL SECURITY NUMBER 218106159	1 🗆 M 2 💢 F	80 YRS. MOR	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month) 08	OF BIRTH 1, Day, Year) 3 26 19	11	MÄRYL	CE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give GREATER BALTIMO) RESIDENCE OF DECEDENT		ITER 96.	TOWS	SON	EATH		9c. COUNTY BALT	OF DEATH	
DIRECTOR	MD 106. COUNT	ALTIMORE	10c. CITY, 10	TOWS						INSIDE CITY LIMITS? YES 200 NO
FUNERAL	100. STREET AND NUMBER 500 VIRGINIA AVE			101	21204			U. S	N OF WHAT	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	XX NO	If yes, sp	ENDENT OF NISPA ecity Cuberi, Maxico NO Specia	an, Puerto R	? (Specify Yea o	or No- 14.	Black, Wh Specify:	American Indian, ita, atc. White
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) NA		16a. DECEDENT'S USU (Give kind of work of lite. Do NOT use reti Seamstr	done during mo tired.)	ON st of working	16b.	Furni	ture (
BE CO	17. FATNER'S NAME (First, Middle, Last) William Gregory				18. MOTHER'S NA Emma G			urname)		
10 8	19a. INFORMANT'S NAME (Type/Print) Howard R. Egerton	n (Son)	19b. MAILING ADD 8318 OI	DRESS (Street a Ld Harf	ord Rd.	, Bal	er, City or Town,	State, Zip Cod	234	
	20e, METNOD OF OISPOSITION 1	Gr	PLACEAND DATE OF DIS Bry, cramatory or other p CETIMOUNT	Cremat	cory	DATE	Bal	ation — chy timore	e, Md	
	21. SIGNATURE OF FUNERAL SERVICE LI	J Carta	Sh	3331	DADDRESS OF FA nunek Fun Brehms]	Lane,	Balto	, Md.	. 212	13
RTIFICATION	23. PART I. Enter the diseases, DE, shock, or haart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if smy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. RESPIRATORY DUE TO (OR AS A CO CHRONIC OBST DUE TO (OR AS A CO ISCHEMIC HEA OUE TO (OR AS A CO OUE TO (OR AS A CO	FAILURE CONSEQUENCE OF): TRUCTIVE A CONSEQUENCE OF): ART DISEAS	AIRWAY			ec or respira	itory arrest		Approximete Interval Batween Onset and Death
MEDICAL CE	PART II. Other significant condition	as contributing to death but	not resulting in th	ie underlylng) ceuse given in		24a. WAS AN AI PERFORM 1 YES 2	ED?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE SEATH? YES 2 \(\sum \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Ch					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOI			CRIBE HOW INJ	IURY OCCUR	ED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atreet	, tactory, office		281. LOCAT	TtON (Street and r Town, State)	1 Number or R	Rural Route I	Number,
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	SICIAN: To the best of my knowledge ER: On the besis of examination as	ge, death occurred at nd/or investigation, in	the time, data my opinion, de	and place, and due	to the cause	e(a) and manne	er se stated.	euse(s) and	menner as stated.
H H	296. SIGNATURE AND TITLE OF CERTIFIE	Ni D.			29c LICENSE NUM D 2139		2	29d. DATE SIG	9-92	th, Day, Year)
	30. NAMÉ AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print))						
	JAN 1 0 1992	GULA DEMOGRAPE SHIMATE	2102							

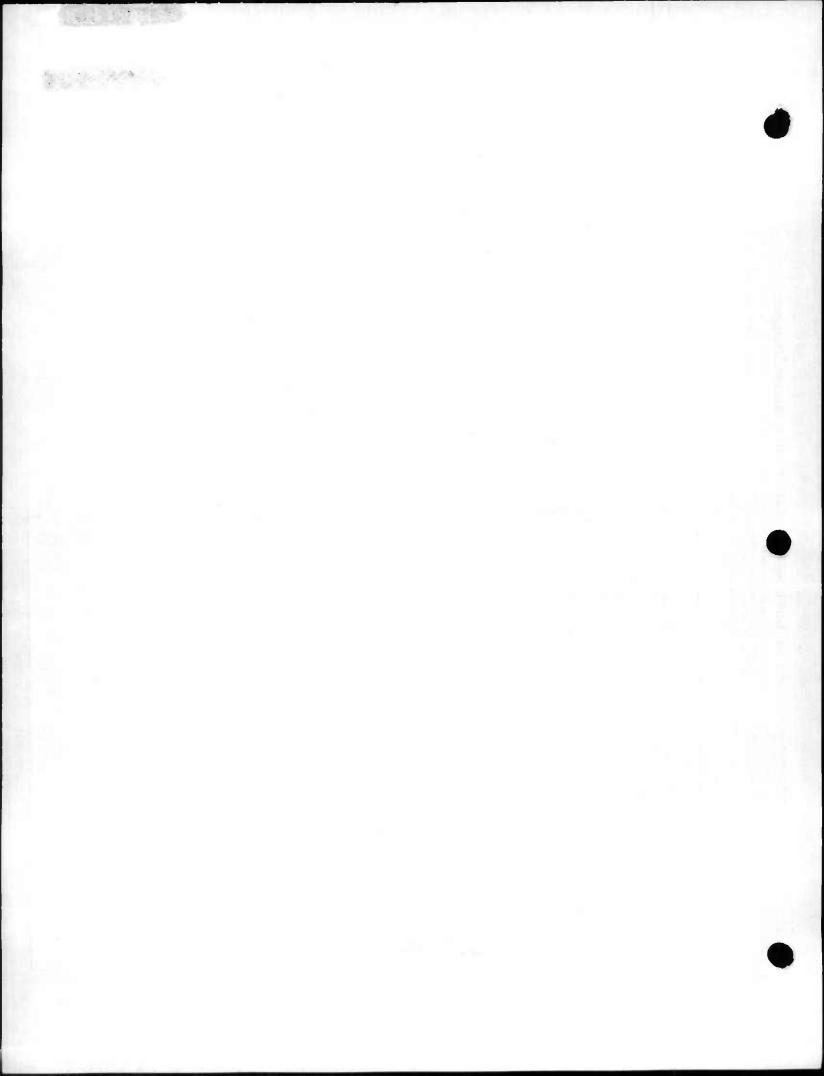


BALTIMORE, MARYLAND 21215-0020	wurs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the thingral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	DIRECTOR: After this certificate has been signed by the attending physician and comp

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remnant.

	1 - FOR STATE OF MARYLAN REGISTRAR	D / DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Elsie E. Ernst				2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-26-1001 5. SEX 1 ☐ M 2 ☐ F 85		UNDER 1 YEAR FTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1-8-92 7. DATE OF SHITH (Month, Day, Year) 12-15-1906	a. BIRTHPLACE (State or Foreign Country) Balto. MD.
TOR	9a. FACILITY NAME (if not institution, give street and number) 5918 Greenhill Avenue RESIDENCE OF DECEDENT	96.		r Location of D	EATH 9c.	COUNTY OF DEATH
DIRECTOR	10a, STATE 10b, COUNTY MD .		www or Locat			10d. INSIDE CITY LIMITS? LIMITS?
FUNERAL	5918 Greenhill Avenue		10f	ZIP CODE		U.S.A.
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	NO	It yes, spe	EHDENT OF HISPA	NIC ORIGIN? (Specify Yes or No an, Puarto Rican, etc.)	o- 14. RACE - American Indian, Black, White, atc. Specify: White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos fred.)	N It of working	16b. KIND OF BUSINES	
OME	12th Grade 17. FATHER'S NAME (First, Middle, Last)	Secreta	ary	18. MOTHER'S NA	I . N . A . AME (First, Middle, Maiden Suma)	me)
BE C	Edward J. Weaver			Bessi	e Bushman	996.1
5	19a. HFORMANT'S HAME (Type/Print) Shirley E. Ernst				Route Number, City or Town, Stat	
	20a. METHOD OF DISPOSITION 20b PL	ACEAND DATE OF DE			e Baltimore, M	1D21206
	1 Donation 5 Other (Specify) LOU(y, crematory or other p don_Park	lacel		1	altimore MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSSE? ** ** ** ** * ** ** ** ** *	Ly	John (D ADDRESS OF FA	r, Inc. Bal	5 Belair Road Ltimore,Md21206
CERTIFICATION	22 PAH 1. Enter the diseases, or complications that coded the shock, or heart failure. List only one ceuse on each iMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CO DUE	HSEQUENCE OF): NSEDUENCE OF): L M L	Dec	evere white disc	dehyde al whice	y arreet, Approximete Intervel Between Onset end Death
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditione contributing to deeth but r	ot resulting in th	e underlying	cause given in	Part I. 24a. WAS AH AUTOF PERFORMED? 1 YES 2 HO	AVAILABLE PRIOR TO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТ	26. PL/ HER:	ACE OF DEATH (Ch	eck only one)	
HYS	1 ☐ YES 2 ☐ NO	18 3 DOA 4 D			8 Other (Specify) 28d. DESCRIBE HOW INJURY	OCCUPEO
ВУР	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY	WOR		ass. Describe now insury	OCCURED
	3 Suicide 8 Could not be detarmined 28e. PLACE OF IHJURY — A building, atc. (Specify)	it home, term, street,	tactory, office		281. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only 2 MEDICAL EXAMIHER: On the basis of axamination and	e, death occurred at 1	the time, data a	and place, and due	to the cause(s) and manner as time, data and place, and dus	stated. to the cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER White Mosemi)		29c. LICENSE NUM	ABER 29d.	DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH.	43		wpe	M1) 2/2	02
	JAN 10 1992 June Dandon	findelle				





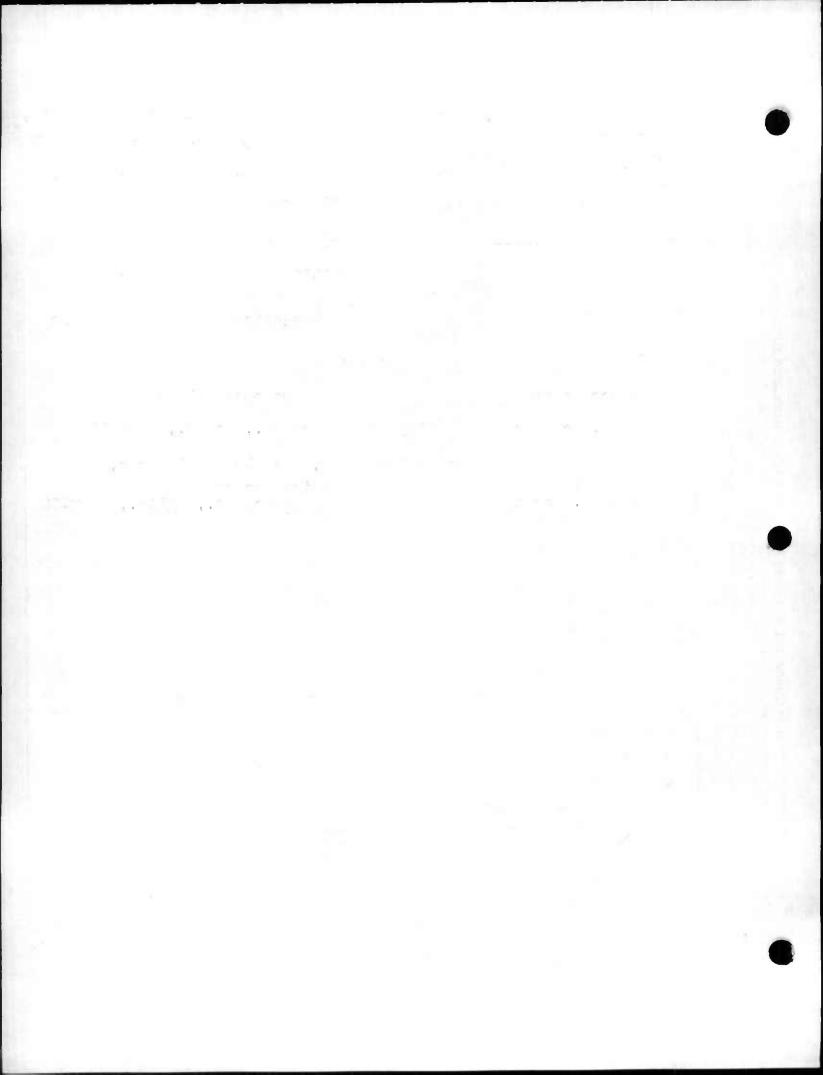
DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must he marked, and the marked of the property o DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	1 - FOR STATE OF MA	RYLAND / DEPAR CERTIF	RTMENT OF H		MENTA	HYGIEN BEG. NO.	E	
	1. DECEDENT'S NAME (FIRST, MIGGIO, LAMIATIA DO	lores Fer	rrer		2. DATE MONTI		6-92	3. TIME OF DEATH 10
	240-72-0700	3' S3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH D. Pay, Year)	01 Ve	RTHPLACE (State or Foreign nuntry)
TOR	9a. FACILITY NAME (If not institution, give street and number) JOSEPH RICHEY HOS RESIDENCE OF DECEDENT	Spice_	96. CITY, TOWN OF Bal	timore			9c. COUNTY O	F OEATH
FUNERAL DIRECTOR	Maryland	10c, CIT	ry, town or location	timore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	4205 Kensington Road		10f.	ZIP CODE				F WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 ANO	13. WAS DECE If yes, spec 1 X YES :	NDENT OF HISPAL City Cuben, Mexico 2 7 NO Special	n, Puerto F y:_	? (Specify Yes licen, etc.)	or No — 14. R.	ACE — American Indian, lack, White, atc. pecify: Hispanic
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT us	USUAL OCCUPATION	of working			OME	
BE COM	17. FATHER'S NAME (First, Middle, Last) Francisco Ferrer			18. MOTHER'S NA	ore	iddle, Meiden	Sumame) Moral	
5	Abigail D. McKinnon	196. MAILING 4205	Kensing	ton Ro	Route Numb	er, City or Town Balto	, State, Zip Code)	21229
	20e. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE (cernetery, crematory or o Metro Cr	rematory	, Inc	1 _ '	Ba	ation - city of ltimor	e. MD
	George E. MacNabb		Crema 299 F	ADDRESS OF FA Tion S rederi	ocie ck H	ety o	f Mary Balto.	land , MD 21228
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF	nster515 n: 12macc 6				etory errest,	Approximate Interval Between Onset end Death Unknown
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to de	eth but not resulting i	In the underlying	ceuse given in	Part I.	24a. WAS AN A PERFORI 1 YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input Inp		OTHER:	CE OF DEATH (Ch				
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, 1) 2 Accident Investigation		URY WORK	TA YE			JURY OCCURED	c e
		IJURY — At home, farm, a (Specify)	street, factory, office		281. LOCA City o	TION (Street ar r Town, State)	nd Number or Rura	al Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the basis of examiner.	knowledge, death occurre	nd at the time, data ar	nd place, and due	to the caus	e(s) and manr	ner as stated,	e(s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Mod C flender	7		P 14	BER 3 8	3	29d. DATE SIGNI	ED (Month, Day, Year)
ТО	31. DATE FILED (Morith, Day, Year) JAN 10 1992 JUNE 2011 JAN 10 1992 JUNE 2011 JAN 10 1992 JUNE 2011 JU	A MD		nore V	AN	ed a	anker 3	3700 Look Raven



92

3. TIME OF DEATH

840

2. OATE OF OEATH

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

PAUL R. FRIEDLINE
4. SOCIAL SECURITY NUMBER 5. SE

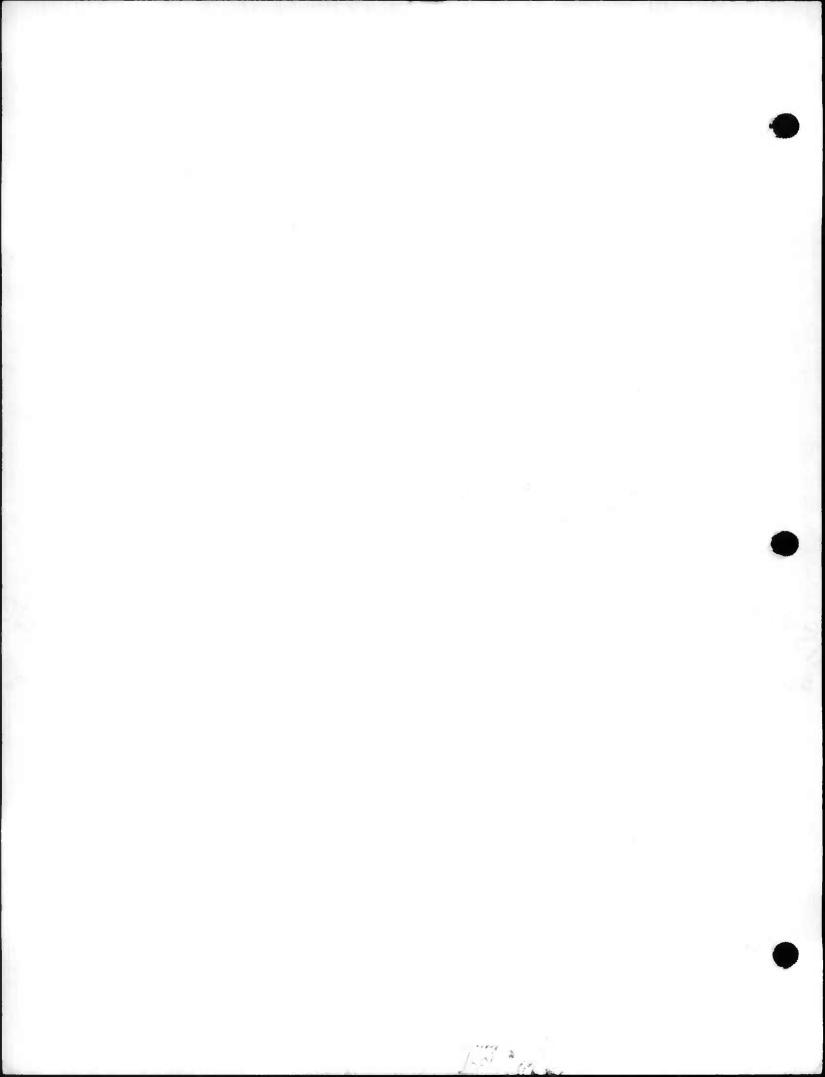
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day Year)	8.	BIRTHPLACE (State or Foreign Country)
P	1	209-10-7677	1 M 2 🗆 F	76 YRS.			10-1-1915		ennsylvania
3 should	_	9e. FACILITY NAME (If not institution, go	ve street and number)			N OR LOCATION OF OR	EATH	9c. COUNTY	Y OF DEATH
22	DT:	Loch Raven VA	Medical Cent	er	BAL	TIMORE			
. Pages 1	DIRECTOR	10e, STATE 10b. COL		10c. Cl	ry, town on Lo lltimore	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
sit permit		100. STREET AND NUMBER 7500 Durwood Ro	ad	1_20		101. ZIP CODE 21222		10g. CITIZE	N OF WHAT COUNTRY?
as the burial-transit permit. Pages 1,	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 V IF YES, GIVE WAR	EVER IN U.S. ARMED YES 2 NO OR DATES	If yes,	DECENDENT OF HISPAN specify Cuben, Mexica (ES 2 NO Specifi			s. RACE — American Indien, Bleck, White, atc. Specify: White
ed for use	APLETED	(Specify only highest g Elementary/Secondery (0-12) Unknown	EDUCATION rade completed) College (1-4 or 5+)	life. Do NOT a	work done during	ATION most of working	166. KIND OF BUS		тну
be detach	E COMPL	17. FATHER'S NAME (First, Middle, Lest) James V. Fried					ME (First, Middle, Maiden cet Kline	Surneme)	
e 5 should notified	TO B	James Friedlin	e				Route Number, City or Tow dalk, Md. 2		ode)
ector, page		20e. METHOD OF DISPOSITION 1	Removat from State	Green Mot	unt Cre	comotory, cromatory or matory 1.	-9-1992 I	cation – cir Balto.	y or Town, State
funeral dir		21. SIGNATURE OF FUNERAL SERVICE	X ()0,	M	22. NAMI Brad	and address of fa ley-Ashtor	r Funeral I	Home,	Inc.
en signed by the attending physician and completely filed in by the of Health and Mental Hygiene prior to burial, cremation, or removal shows any Injury, or other traumatic event, the medical e	CERTIFICATION	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a, Muta DUE TO (C	caused the death. Do e on each line. Static OR AS A CONSEQUENCE OF AS A CONSEQUENCE	onsta			ratory arres	t, Approximata interval Batween Onast and Daath
has been signed by the attending Dept. of Health and Mental Hy 23 shows any Injury, or or	MEDICAL	PART II. Other significant cond		eath but not resulting	j in tha underi	ying cause given in	BERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	B. PLACE OF DEATH (C/			
DIRECTOR: After this certificate hours after death with the State item 28 is marked, or item	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF III (Month, Day	NJURY 28b, Ti	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCU	RED
CTOR: After deal	0	2 Accident Investigat 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE OF building, et	INJURY — At home, farm ic. (Specify)	, street, factory, (office	28f. LOCATION (Street City or Town, Stete)		Rural Route Number,
FUNERAL DIREC within 72 hours TANT: If item	COMPLETE	(Orlock Offin)	HYSICIAN: To the best of m						l. cause(e) end manner ee stated.
TO THE FUNERAL be filed within 72	BE	29b. SIGNATURE AND TITLE OF CERT	gemin	161		29c. LICENSE NU	MBER	29d. OATE	SIGNEO (Month) Day, Year)
	1	30. NAME AND ADDRESS OF PERSO			pe, Print)				
H		31. OATE FILED (Month, Day, Year)	Julia Davido	's significant					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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The second of th	WIFFILD DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		LATE II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)	Carmene						2. DAT	E OF DEATH			3 7184	E OF DEATN
CARMEN	Carmene.		GAN	T			O PON		199	1 YEAR		:40 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. lest bi	YRS. IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	Jan	e of BIRTH		8 BISTI	Mar	State or Foreign
9s. FACILITY NAME (If not institution, give			9b. CIT		OR LOCATI				9c. COU	NTY OF D		
210 SILVER	COURT			BAI	LTIM	ORE	CI	TY				
10e. STATE 10b. COUNT	Baltimore	1	Oc. CITY, TOWN		on Sex						LI	SIDE CITY MITS? ES 2 NO
920 Woodlyn				101	. ZIP CODI	212	21		10g. CIT	IZEN OF V	SA	UNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO		If yes, sp	ENDENT Cooking Cuba	n, Mexice	n, Puerto	IN? (Specify Ya Rican, etc.)	or No—	Blaci	k, White,	ite
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give I	DENT'S USUAL O kind of work done NDT use retired.)	during mo	ON st of workin	g	18	b. KIND OF BU	SINESS/INC	DUSTRY		
10 th 17. FATHER'S NAME (First, Middle, Last) Albert V.	Fabrizian:		nemplo	ved		HER'S NAI		Middle, Maiden Schne				
19a. INFORMANT'S NAME (Type/Print) E.Jean Fabti	ziani	19b. M	AILING ADDRES	s (Street a	nd Number	or Rural F	Route Nun	nber, City or Tow	n, State, Zio	Code)	212	21
20a METNOD OF DISPOSITION 1 Burlat 2 Cremation 3 Ren			DATE OF DISPOS		me of		DA	TE 20c, LO	CATION —	City or To	wn, Stat	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		OakL/	wnCem	etei	Y 1			В	Alti	mor	e M	D
14 11 -						00 01 1 mg	OTEN 1					
23. PART I. Enter the diseases, pr	complications that cause	and the death						lHome			A	pproximata
23. PART I. Enter the discusses, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ACUTE MORI	aach iina.	Do not antar								A	pproximata tarval Betw
IMMEDIATE CAUSE (Final disease or condition	a. ACUTE MORI DUE TO (OR AS b	PHINE I S A CONSEQUE	NTOXICANCE OF):								A	pproximata tarval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. ACUTE MORI DUE TO (OR AS b	PHINE I	NTOXICANCE OF):								A	pproximata tarval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. ACUTE MORE DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	PHINE I S A CONSEQUE	NTOXICANCE OF): NCE OF):	ATIO	da of dyl	ng, such	h aa car	24a. WAS AN	Iratory arr	rest,	WERE A AMAILAB	pproximata tarval Betweeneet and De meet and De uropsy Finder LE PRIOR TO TION OF CAUS
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. ACUTE MORE DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	PHINE I S A CONSEQUE	NTOXICANCE OF): NCE OF):	ATIO	da of dyl	ng, such	h aa car	24a. WAS AN	AUTOPSY MED?	rest,	WERE A AMAILAB COMPLE OF DEAT	pproximata tarval Between Between Da Da Da Da Da Da Da Da Da Da Da Da Da
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. ACUTE MORE DUE TO (OR AS b	PHINE I S A CONSEQUE	NTOXICANCE OF): NCE OF):	THE MOO	da of dyl	ng, such	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	rest,	WERE A AMAILAB COMPLE OF DEAT	pproximata tarval Betweeneet and Da uropsy Findin LE PRIOR TO TION OF CAUS TH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. ACUTE MORE DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUE	NTOXICANCE OF): NCE OF): NCE OF):	ATION anderlying	de of dyl	ng, such	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	rest,	WERE A AMAILAB COMPLE OF DEAT	pproximata tarval Between Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and cause. The conditions is a sequential to the cause of	a. ACUTE MORE DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	PHINE IS A CONSCOUE S A CONSCOUE S A CONSEQUE Thut not result the consequence of the c	NCE OF): NCE OF): NCE OF): OTHER OTHER ON HE OF INCE OF I	ATION anderlying	cause g	ilven in i	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE A AMAILAB COMPLE OF DEAT	pproximata tarval Betweeneet and Da uropsy Findin LE PRIOR TO TION OF CAUS TH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending investigation	a. ACUTE MORE DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	PHINE IS A CONSEQUE S A CONSEQUE The but not result to the consequence of the consequen	NTOXIC NCE OF): NCE O	26. PL. R: sing Home 28c. INJ. Wolf 1 Y	ace of og	ilven in i	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b.	WERE A AMAILAB	pproximata tarval Between Between Date and Date
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending	a. ACUTE MORE DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	PHINE I S A CONSEQUE S A CONSEQUE D but not resu utpatient 3 1 Y	NTOXIC NCE OF): NCE O	26. PL. R: sing Home 28c. INJ. Wolf 1 Y	cause g	ilven in i	Part I.	24a. WAS AN PERFOR	AUTOPSY MED? NJURY OCC	24b.	WERE A AMAILAB	pproximata tarval Between Between Da Da Da Da Da Da Da Da Da Da Da Da Da
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pisease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation investigation and investigation distermined	a. ACUTE MORI DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	PHINE I S A CONSEQUE S A CONSEQUE The but not result to the substitution of the subst	DO not anter NTOXIC NCE OF): NCE OF): NCE OF): OTHER DOA 4 Nun ID. TINLE OF TINLE OF TOTHER TOTH	28. PL-13: sing Home 28c, INJU WOF 1 Ure Tory, office	ACE DF DE	ATN (Che	Part I. Part I. School DE	24s. WAS AN PERFORM 1 VES 2 or (Specify) SCRIBE HOW II UNKNOW CATION (Street s or Town State)	AUTOPSY MED? In NO NJURY OCC N In No In	24b.	WERE A AMAILAB COMPLETO OF DEAT	pproximata tarval Between Between Da Da Da Da Da Da Da Da Da Da Da Da Da
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BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

G-683 1/13/		0 (00 1/	16/00 -							9	2 5	0405
ITEMS: 1,17 FOR 1 - STATE REGISTRAR	per rG	STATE OF N	MARYLAND	/ DEPAR	RTMENT OF	HEALTH E DEA	AND I			E	Fine (0405
1. DECEDENT'S NAME (Firs	t, Middle, Last)	SAMUEL	GARNE'	T', J	R	DEA	I II	2. DATE OF D	G. NO.			3. TIME OF DEATH
		RNETT, R						MONTH	Di	6	YEAR	4:55P
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. Is	at hirthday)	IF UNDER 1 YEA	IE IMPE	R 24 HRS.	7. DATE OF BI	0	8 9	2	
220-20-8680		1 🔯 M 2 🗆 F	61	YRS.	MONTHS DAY		MIN.	(Month, Day, 11-16	Year)	,	Country)	
9a. FACILITY NAME (If not is	netitudian al-m n		01	11101					-1930)		Md
	N MEMOI		ITAL		96. CITY, TOW BALT	IMORE				9c. COU	INTY OF DE	ATH
10a. STATE Md	10b. COUNTY			Bal	timore	CATION						10d. INSIDE CITY LIMITS? 1)(X) YES 2 \(\text{NO} \) NO
613 Willow 11. MARITAL STATUS						101. ZIP COD	1212			10g. CIT	US A	IAT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S. A	RMED	13. WAS D			NIC ORIGIN? (Spi	anthu Van	or No		- American Indian,
3 Widowed 4 Dive		FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes,	specify Cube	n, Mexica	n, Puerto Rican.	etc.)	or No	Black, Specify	White, atc.
15, DEC	EDENT'S EDUC	CATION	16a. Di	ECEDENT'S	USUAL OCCUPA	TION		16b, KIND	OF BUS	INESS/INC	DUSTRY	
15. DEC (Specify on Elementary/Secondery (if 17. FATHER'S NAME (First, M.	ly highest grade 0-12)	College (1-4 or 5+		Give kind of a b. Do NOT us	work done during se retired.)	most of world	ng			st Of		
17. FATHER'S NAME (First, A	fiddle, Last)					18 MOT	HER'S NA	ME (First, Middle,	Mairing	Sumama)		
James Garm	ath C	SAMUEL JA	MES GAR	METT					man.ou	Surneme)		
19a. INFORMANT'S NAME (ARIOLAL OI			10000000			arnett				
Patrick Myri		TOTA MAKE						Route Number, Cit			Code)	
		RICIA MYF			Najorie L		saitir	more, Md	2121	2		
20a. METHOD OF DISPOSIT 1 Buriel 2 Crematic 4 Donation 5 Other	(Specify)		20b. PLACE cemetery, co Metro	and date of or or or or or or or or or or or or or	of disposition (ther place) STORY	Name of		11392			lle, M	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1		Mar	and addre	West					
NA	dup	Way	لهمه			Wabas						
iMMEDIATE CAUSE (Findisease or condition	aart lanuje. I	lat only ona caus	se on each line	В.					r reapii	ratory arr	est,	Approximate interval Batweel Onset and Daat
reaulting in death)	,	DUE TO	CA RAD	OUFNCE OF	EN I	21	TUC					-
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diata	DUE TO (MYOC OR AS A CONSE	ARI OUENCE OF	DIAL	INF	FAR	CTION)	: /		
CAUSE (Disease or inju		DUE TO	OR AS A CONSE	OHENCE OF		Run	UM	YUTA	10	7		ļ
that initiated events resulting in death) LAS	T	502 10 (TSCH OR AS A CONSE O ROA	GUENCE UP	·):	10-0				/		
			o run	1410	7	TRAE	124	7	1SE	EAS	E	
PART II. Other algnifica	nt condition								-			
VENTR	CULA	R A	PRH	TH	MIAS	ng cause (Jiven III	1	PERFORI		6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								-			1	YES 2 1 40
25. WAS CASE REFERRED IN	MEDICA: T	-										
EXAMINER?	HEDICAL	HOSPITAL:			26. OTHER:	PLACE OF D	EATH (Che	ick only one)				
1 TYES 2 THO		1 Pinpatient 2 s	ER/Outpatient 3	□ DOA		me 5 🗆 Ra	aldenca	6 Other (Spec	ify)			
	Pending investigation	28e. DATE OF (Month, Da	2/92	286. TIME INJ 4:55	URY V	JURY AT ORK? YES 2 [NO	28d. DEŞCRIBE	HOW IN	JURY OCC	URED	
	Could not be determined	28a. PLACE OF building, a	INJURY — At ho itc. (Specify) HOM		treet, factory, of	ce		281, LOCATION City or Town	(Street or 1, State)	nd Number	or Aural Rou	ite Number,
29a. CERTIFIER (Check only one) 2 MEDI	IFYING PHYSIC	IAN: To the best of r	my knowledge, de amination and/or	eth occurre	d at the time, da	a and place,	and dua	to the cause(a) a	nd menr	ner an atale	rd. e ceuse(a) s	nd menner as stated.
29b. SIGNATURE AND TITLE		py	1	1.7			NSE NUM					fonth, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALLS	F OF DEATH ATT	M 270 (*-	Delega					_	10	192
	1 EN AS		201	E,	WIV	ERSI	Ty	PKU	AY	BA	LTO	MD 21218



0 1992

32. REGISTRAR'S NUMATURE

Julia Sundson-Randelle

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MONTH, Day, Year)

1992

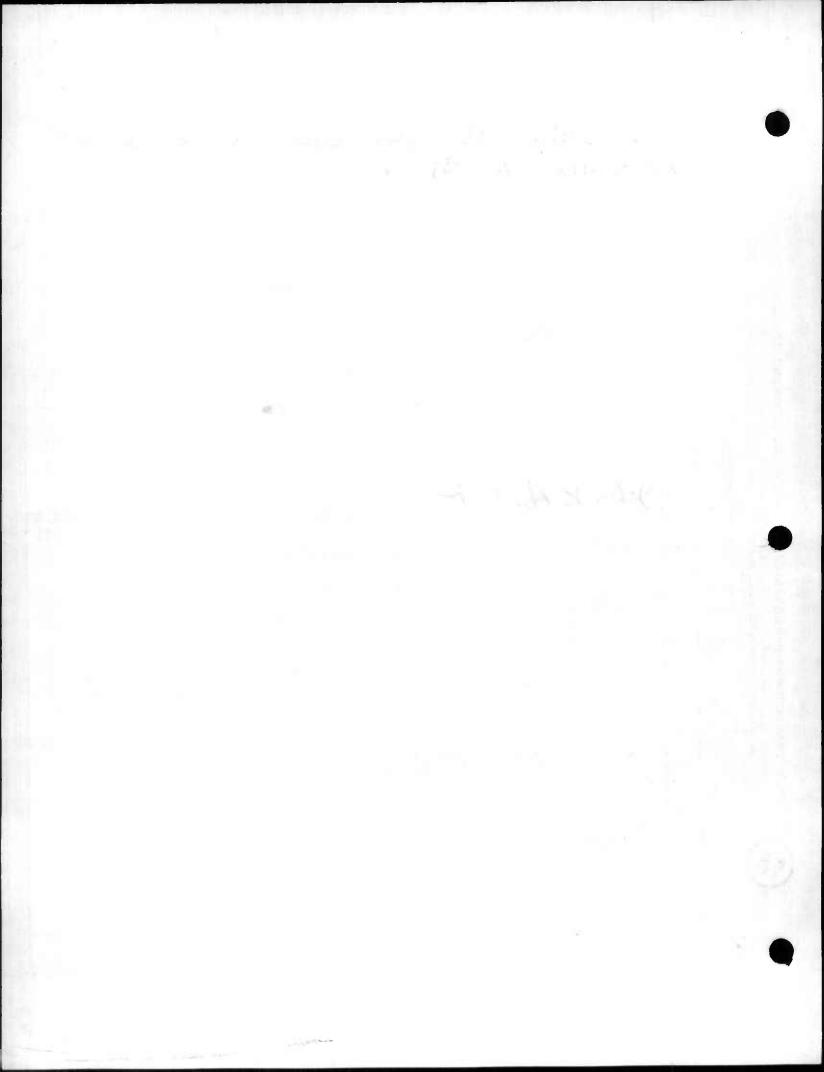
-0075-033		ARYLAND	DEPART	TMENT OF	HEALTH AND	MENT		IE		0406
FOR STATE REGISTRAR	STATE OF MA				F DEATH		REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last) HARRY	STANLE			ORMANI		2. DAT MON	E OF DEATH	AY	YEAR 9 9 2	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 094-22-7707	5. SEX 1 [X] M 2 [F]	S. AGE (In yrs. le		IF UNDER 1 YEAR		7. DATI	E OF BIRTH			HPLACE (State or Foreign
on. FACILITY NAME (If not institution, give s		57	YRS.	AL OUTY TOWN	OR LOCATION OF D		7.17,19			lew York
SOUTHERN MARYL		PITAL		CLINTO		DEATH			INCE	E GEORGE
0a. STATE 10b. COUNT			10c. CITY	TOWN OR LOC	ATION					tod. INSIDE CITY
	nce George	es .	Fo	rt Wash	nington					LIMITS?
De. STREET AND NUMBER				1	01. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
7917 Prince Geor					22074			U	.S.A	•
1. MARITAL STATUS Never Married 2 Married Widowed 4 N Divorced	12. WAS DECEOENT I FORCES? 1 I IF YES, GIVE WAI	YES 2 X	RMED NO	If yes, a	CENDENT OF HISPA pecify Cuban, Maxic S 2 XNO Spec	can, Puerto	IN? (Specify Yes Rican, etc.)	or No-	14. RAC Blac Spec	CE — American Indian, ck, Whita, atc. White
15. OECEDENT'S EDU		18a. D	ECEDENT'S L	JSUAL OCCUPAT	ION	18	b. KIND OF BU	SINESS/IN		
(Specify only highest grade	College (1-4 or 5+)	HA.	B. Do NOT use	·	nost of working		D.C. (n f
7. FATHER'S NAME (First, Middle, Lest)				220000	18. MOTHER'S N.				Lime	irc
Conrad Gjormand					Randi					
a. INFORMANT'S NAME (Type/Print)		11	b. MAILING	AODRESS (Street	and Number or Rural	i Route Nur	nber, City or Tow	n, State, Z	(ip Code)	
Mrs. Karin Lucas	3			Partree			dbridge			nia 2219
Da. METHOO OF DISPOSITION Burial 2 X Cremation 3 - Ram	ound doors Chats	20b. PLACE	AND OATEO	E DISPOSITION (TE 20c. LO	CATION -	- City or T	Service State
□ Donalion 5 □ Other (Specify)	Oval Hom State	Po E	omac or oth	Cremato	ry	1/7/			•	
		cemetery, cr	ematory or oth	Cremato 22. NAME /	ry AND ADDRESS OF F	1/7/ e Fu	92 Da	le C Home	ity,	Virginia
T. SIGNATURE OF GUNERAL SERVICE LH	CENSES CONTROL COMPLICATIONS that of	aused tha d	ematory or oth	Cremato 22. NAME / Mo 133	and aponess of funtcasti	1/7/ e Fu uan	92 Dai neral l Road W	le C: Home	ity,	Virginia e, VA 2219
23. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final diseases or condition	complications that c	aused tha d	eath. Do no	Cremato 22. NAME / Mo 133	AND APORESS OF FUNCTIONS OF STATE OF ST	1/7/ e Fu uan	92 Dai neral l Road W	le C: Home	ity,	Virginia
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	1 24	III A	tion	the	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE COUNTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	TO THE CIVED CORECTOR: After this certificate has been signed by the attending physician and completely filled in by	be med which 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medic	I
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	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF	RTMENT OF H	EALTH AND	MENTAL HYGIEN	IE	00407
	1. DECEDENT'S NAME (First, Middle, Lest)	iv t	0	NOVE		2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-09-292	1 - M 2 X F	AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) 7-9-1910		BIRTHPLACE (State or Foreign Country) [aryland]
STOR	98. FACILITY NAME (If not institution, give str Baltimore County (RESIDENCE OF DECEDENT		spital	96. CITY, TOWN O	n LOCATION OF D	EATH	9c. COUNTY	
L DIRECTOR	Maryland Baltin	nore	10c. CIT	ry, town or locate Woodlawn				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1913 Alto Vista Av	7e .	/ER IN U.S. ARMED	2	1207	NIC ORIGIN? (Specify Yas	USA	OF WHAT COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 I	YES 2 NO OR DATES	If yes, spe	elfy Cuban, Maxico 2 NO Specia	en, Puerto Rican, atc.)	10 NO - 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12) 9th Grade	ATION completed) College (1-4 or 5+)	18s, DECEDENT'S (Give kind of life, Do NOT u		N t of working	16b. KIND OF BU	SINESS/INDUS	
	17. FATHER'S NAME (First, Middle, Last)		пошеще	IKCI		ME (First, Middle, Malden		
BE C	Harry M. Brown 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street an		Agnes Bran		del
5	Mr. Gary Genovese			Blue Be		Cockeysvil		
	20e. METHOD OF DISPOSITION (X) Burtal 2 Cremetton 3 Remove 4 Donatton 5 Other (Specify)		20b. PLACE AND DATE cometery, cremetory or divided awn	of disposition (Name of the place) Cemetery	1-9-92			or Town, State Maryland
10.53	21. SIGNATURE OF FUNERAL SERVICE LICE	Amer	1	Loring	Byers I		rectors	s, Inc.
CERTIFICATION	23. PART i. Enter the diseases, or co shock, or heart failure. Li iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR DUE TO (OR C	AS A CONSEQUENCE O	Ayocara Ayocara Arade	ART F	Ailure Infantore		Approximate interval Between Onset and Death
MEDICAL	PART II. Other significent conditions GRAPOIN ARRYTH	testin	1 7 3 1	in the underlying		Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	CE OF DEATH (Ch	eck only one)		
HYS	1 YES 2 NO 1	28e, DATE OF thuju	Outpetlant 3 DOA	4 - Nursing Homa		8 Other (Specify) 28d. DESCRIBE HOW IN	LILIEN COCUE	-
ВУ Р	1 Naturat 5 Pending 2 Accident investigation	(Month, Day, Ye		IURY WOR		200. DESCRIBE NOW IP	NJORY OCCOME	
8	3 Sulcide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my in	nowiedge, death occurrention and/or investigation	ed at the time, data a	nd place, and due	to the cause(s) and man	ner as stated, I due to the ca	use(a) and manner as stated.
TO BE	296. SIGNAFTINE AND TITLE OF CERTIFIER CONJONS	- Aoch	a MiD		29c. LICENSE NUN	1609	29d. DATE SIC	GNED (Month, Day, Year)
	BARBARA S	OCHA	540 0	Print) COURT	+ Rd.,	Randa	USTO	WN MI
	JAN 1 0 1992	32 REGISTRAR'S	SIGNATURE AND THE SECOND					



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	TO THE FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin Pan			
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IN THE HOSTIAL ON ALLENDING PHYSICIAN. THE LAW FEQUINES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE	e filed	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. OATE OF OEATH 3. TIME OF OEATH ROBERT 97EAR HYTTON 7:45 PM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 213-30-3625 8 11935 56 1 M 2 F DAYS 9a. FACILITY NAME (If not institut 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Ho Balto 10a, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Balto Ma 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? Carlise 400 21214 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, apecify Cuban, Maxican, Puerto Rican, etc.)

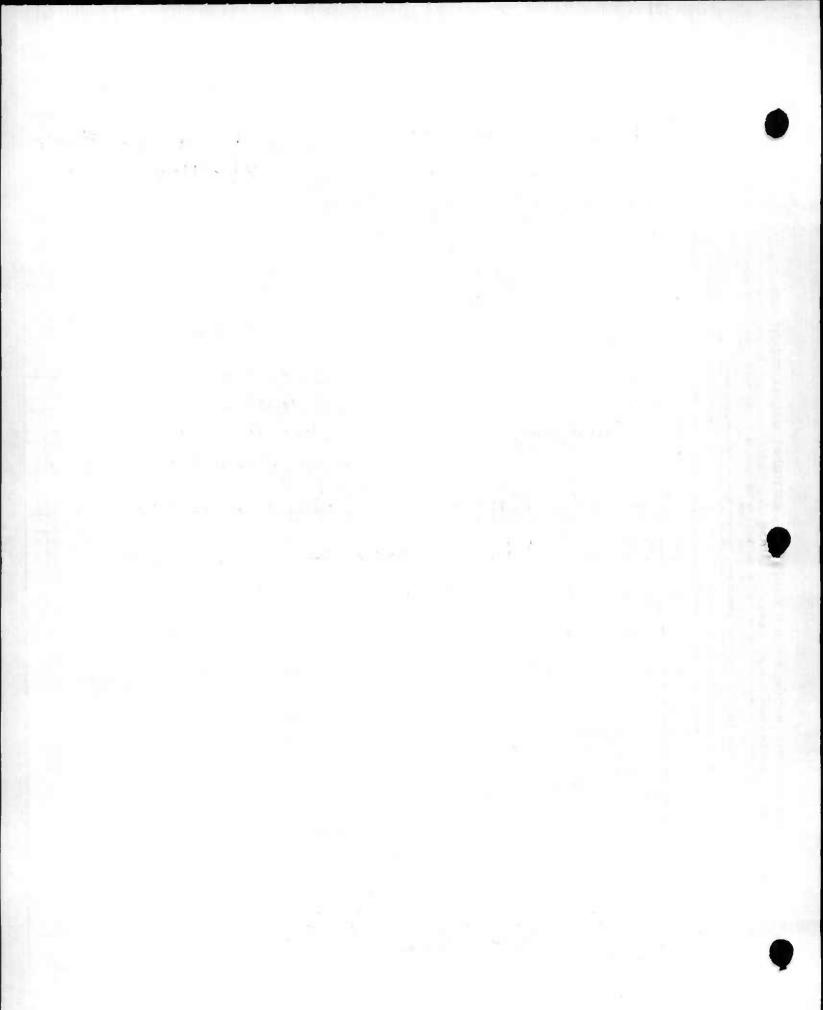
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: Black 4 Divorced COMPLETED 15. DECEDENT'S EQUICATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lnown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No nber or Rural Route Number, City or Town, State, Zip Code) 2 400 sh Aue Balto lisle Ma 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 1 N Burtal 2 Cremation 4 Donation 5 Other (See VU 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harch 43 F. HWEST 11 00 Wabash 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock or heart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Daath Adeno CAR CINO 1 disease or condition_ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): SIOZURE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, straet, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER

//Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED, CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month. Day, Year) 3. REGISTRA'S SIGNATURE



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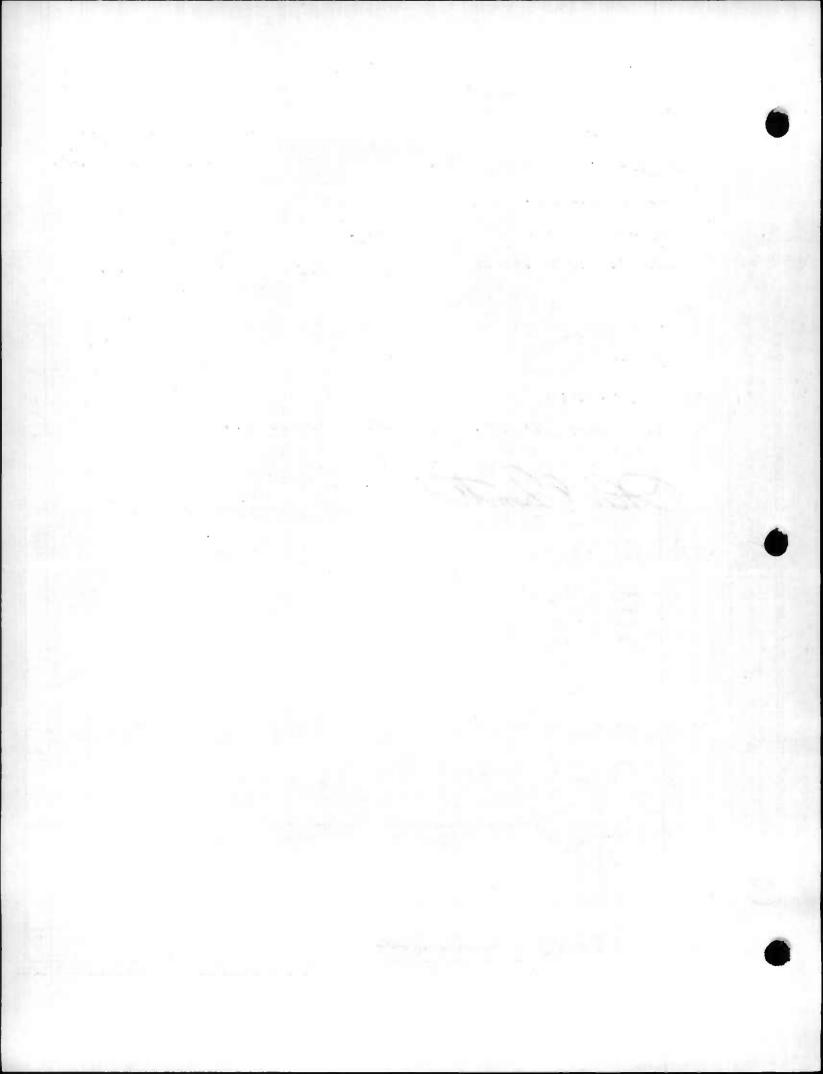


THE TANKETTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

THE TANKETTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be marked, or take bept. of Health and Mental Hygiene prior to burial, cremation, or removal.

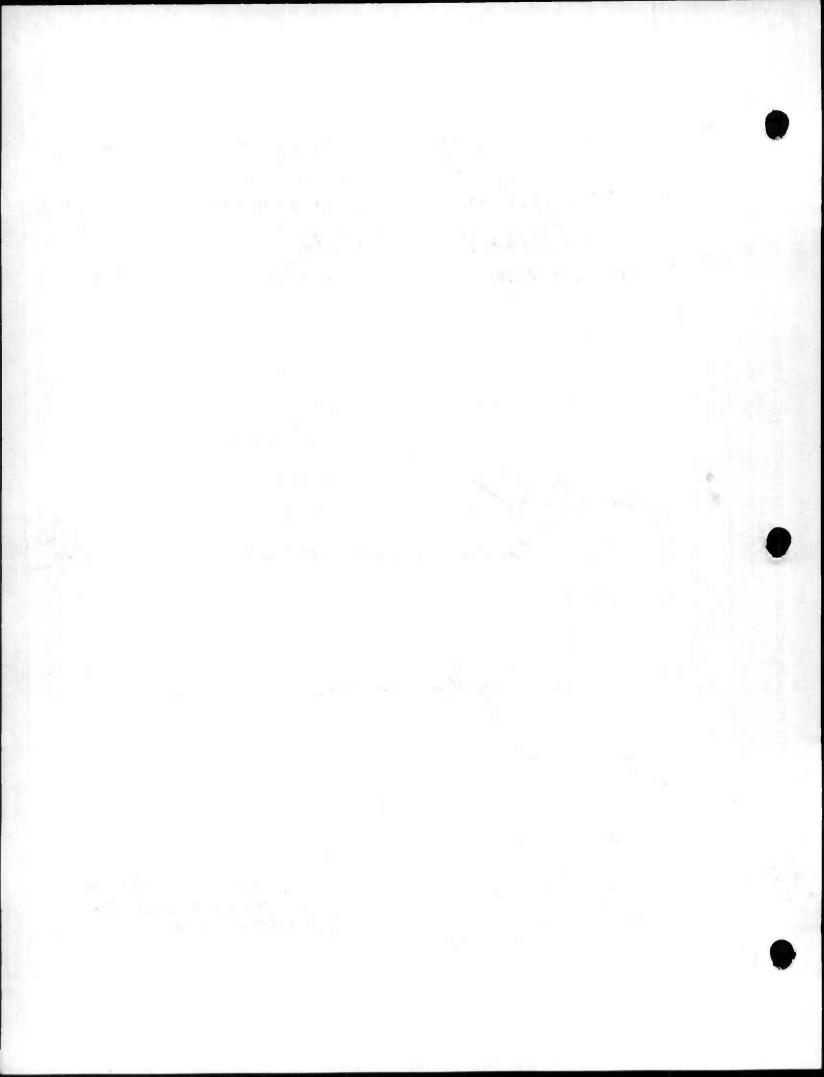
THE OFFICIAL IN INDICATOR: After the hospital physician and light traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARY		RTMENT) MENTA	AL HYGIEN			
- 216	1. DECEDENT'S NAME (First, Middle, Lest) Melva Hurley						2. DATI	E OF OEATH			TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219 10-5820	1 M 2 4 F	E (In yrs. last birthday) 95 yrs.	MONTHS	DAYS (IF UNDER 24 HRS HOURS MIN.	· gon	of BIRTH	' '	Ba1	ce (State or Foreign
- 1	99. FACILITY NAME (If not institution, give structure) Webley Home I RESIDENCE OF DECEMENT					LOCATION OF	DEATH		9c. COUNTY	OF DEATH	1
	Maryland 106. COUNTY			altim							I. INSIDE CITY LIMITS? YES 2 NO
Ciio	2211 W. Roger	s Avenue				21209			10g. CITIZEN	U . S	
13 (11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES, GIVE WAR OR WW I	IN U.S. ARMED S 2 NO DATES	17 1	yes, spec	NDENT OF HISI bity Cuben, Mex NO Spe	ricen, Puerto	IN? (Specify Yea Ricen, etc.)		Black, Wi	American indian, hite, etc. White
COMPLETICE	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12TH GRADE	CATION completed) College (1-4 or 8+)	Me. Do NOT L	f work done du	luring most	of working	18		SINESS/INDUST		
3	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S		, Middle, Maiden		DATC	
	190. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS	/Street and	A Number or Ru			NCE TIB		
2	The Wesley H	dome Inc.				Rogers			11, 51319,	,	
	20g METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Remote 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE OF DISPO other place) LOUDON PA				Of		OCATION — CHY ALTIMOR		State
	21. SIGNATURE OF KINERAL SSIVICE LIC	Zmile		HUB	BBARD		RAL HO	OME INC	C. CIMORE,	MD.	21229
	ahock, or heart failure. List only one cause on sech line.								Approximate Interval Batweel Onset and Deat		
2011	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algorificant condition Angeria A SUR	d. 1. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Anguira					In Part I.	PERFORMED?			ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DIMPLETION DF CAUSE T DEATH?
3	Proestive	1-1-				(11	YES 2 NO
JAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH	(Check only	one)			
2	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/O			ing Home	5 🗆 Residen	-				
	27. MANNER OF DEATH 1. Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year	(Y 28b. TI	IME OF NJURY M	28c. INJU WOR	IRY AT RK? ES 2 NO		EŞCRIBE HOW	INJURY OCCUR	(ED	
IED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, etc. (S)	URY — At home, farm Specify)	, street, facto	-		281, LC	OCATION (Street and Number or Rural Route Number, City or Town, State)			e Number,
COMPLETED	one)	BICIAN: To the best of my kn									nd menner ee stated.
N N	29b. SIGNATURE AND TITLE OF CHITIFIED	its, us.				29c. LICENSE	NUMBER Y 6 K	NUMBER 29d. DATE SIGN			onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF	DEATH (ITEM 27) (Ty)	pe, Print)			(0				
	JAN 1 0 199	32. REGISTRAR'S SI	IGNATURE Pand	روي							



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	1 - STATE REGISTRAR		AND / DEPARTMI CERTIFICA	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.			
6,	1. DECEDENT'S NAME (First, Middle, La	HARRISTOI	$\sqrt{}$		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 5770/8(014	5. SEX 6. AGE (ryrs. last birthday) F U	NOER 1 YEAR IF UNDER 24 HRS. HB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foliaign Country) NC		
ECTOR	199. FACILITY NAME (If not institution, git HOLY POSS RESIDENCE OF DECEDENT	HOSPITAL	96.	CITY, TOWN OR LOCATION OF	DEATH SC. COUNTY MC	INTY OF DEATH		
PR	10e. STATE 10b. COU		10c. CITY, TOV	WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	901 ARCOU	A AVE		101. ZIP CODE	10g. CI	UZEN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuber, Mexi 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Brack		
PLETED	15. DECEOENT'S E (Specify only highest gr Flementary/Secondary (0-12)	DUCATION ade completed) None (1-4 or 5+)	life. Do NOT use retin	one during most of working	16b. KIND OF BUSINESS/IN	DUSTRY		
COMPLET	17. FATHER'S NAME (First, Middle, Last) Moses Harris	ston		18. MOTHER'S N	Unknown			
TO BE	190. INFORMANT'S NAME (Type/Print) William M Har	rriston	22 Milms	ness (Street and Number or Ruse arson Place N	W, DC 2001T State, Zi	p Code)		
	20e. METHOD OF DISPOSITION Burlel 2 Cremation 3 R Donetion 5 Other (Specify)	emoval from State	PLACE AND DATE OF DIS etary, crematory of other plan ncoln Memo	POSITION (Nama of	OATE 20c. LOCATION -	City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF F	John T Rhines	Co., Inc.		
CERTIFICATION	23. PART. Entar the disease, o shock, or heert fellur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intileted events resulting in death) LAST	s. Due to (OR AS A DUE to (OR AS A	ch line.	toy are		rest, Approximate Interval Between Onset and Dest		
MEDICAL	PART II. Other algnificent conditi	iona contributing to death bu	nt not resulting in the	underlying ceuse given in	n Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 24□ NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
				26. PLACE OF DEATH (C	theck only one)			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		IER:	28d. DESCRIBE HOW INJURY OCCURED			
PHYSICIAN:	EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Destion: 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Residence 28c. INJURY AT WORK?		CURED		
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Department 2 ER/Output 280. DATE OF INJURY (Month, Dey, Year) 280. PLACE OF INJURY building, etc. (Specia	28b. TIME OF INJURY	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO				
ETED BY PHYSICIAN:	EXAMMER? 1 YES 2 MO 27. MANNER OF DEATH 1 Hatural 5 Pending investigation 2 Accident investigation 3 Suicide 8 Could not to determined 29e. CERTIFIER (Check only) 1 DERTIFYING PH	HOSPITAL: 1 1 Impatient 2 ER/Outpa 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Special 8b. TIME OF INJURY N At home, ferm, street, (y)	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIBE HOW INJURY OC 28f. LOCATION (Street and Number	or Rural Route Number,			
ED BY PHYSICIAN:	EXAMMER? 1 YES 2 MO 27. MANNER OF DEATH 1 Hatural 5 Pending investigation 2 Accident investigation 3 Suicide 8 Could not to determined 29e. CERTIFIER (Check only) 1 DERTIFYING PH	HOSPITAL: 1 1 Impatient 2 ER/Outpa 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special YSICIAN: To the best of my knowle (INER: On the bade of examination	28b. TIME OF INJURY N — At home, ferm, street, y) rdge, death occurred at ti and/or investigation, in n	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO factory, office	28f. LOCATION (Street and Number City or Town, State) 28f. LOCATION (Street and Number City or Town, State) 10 the ceuse(e) and manner se ata e time, date and place, and due to time, date and place, and due 29d. DAT	or Aural Route Number,		

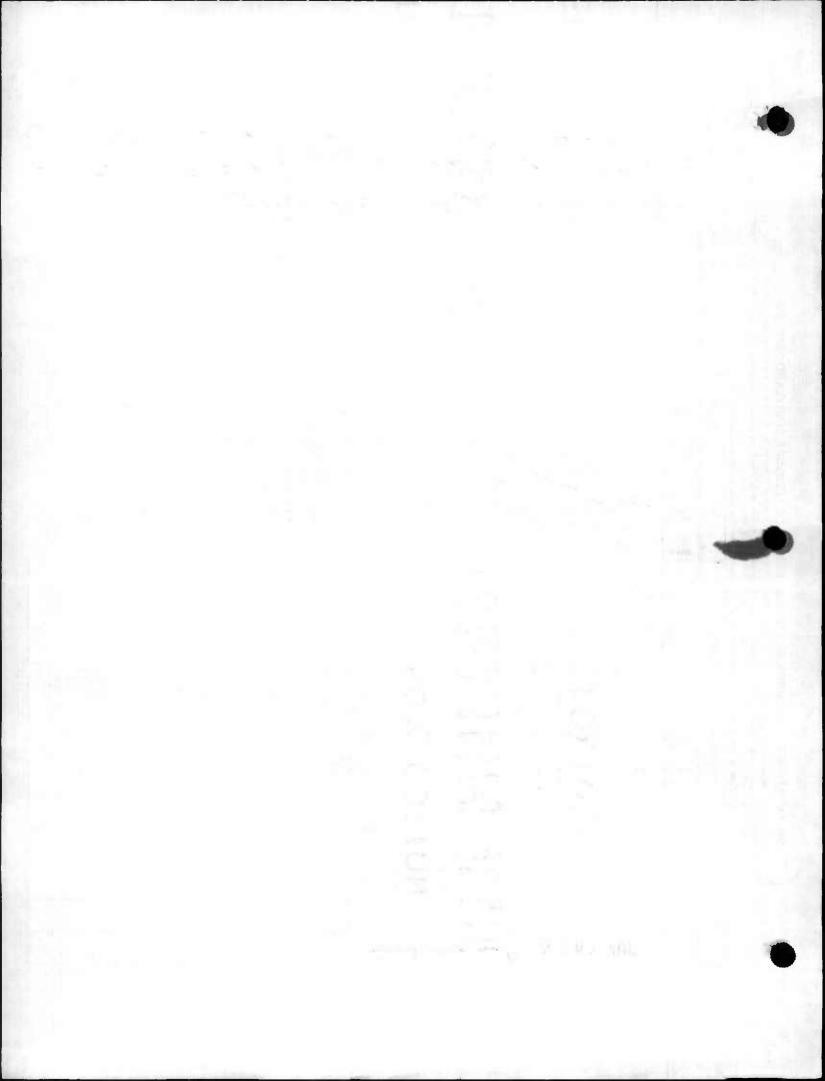


VISION OF VITAL RECORDS, P.O. BOX 68760,	h.,	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE PROPERTY OF THE STATE OF THE STAT
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REGISTRAR			ICATE OF		MENTAL HYGIEN REG. NO.	_	00411		
t. DECEDENT'S NAME (First, Middle, Last)	1	HI	ANK	IN	2. DATE OF DEATH MONTH DA	190	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 215-32-538	5. SEX 6. AGE	(In yrs. lest birthday) Pres.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	394	BIRTHPLACE (State or Foreign		
9e. FACILITY NAME (If not institution, give a 382/ MILL)	street and number)	AVE	9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH		
RESIDENCE OF DECEDENT 10e. STATE MARYLAND 10b. COUNT	γ	10c. CIT	Y, TOWN OR LOC	ATION ALTIMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10e. STREET AND NUMBER 3821 MILFORD AV	E.			or. ZIP CODE 2120'	7	10g. CITIZEN	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	s or No 14.	RACE — American Indian, Black, Whita, atc. Specify: WHITE		
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	JCATION le completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	0/10/1		16b. KIND OF BU				
17. FATHER'S NAME (First, Middle, Last)		ME	ERCHANT	18. MOTHER'S NA	ME (First, Middle, Maiden	RETAIL Surname)			
	ANKIN				SURA	GOREL 1	[CK		
19e. INFORMANT'S NAME (Type/Print) MRS. LILLIAN ST	TRAUSS		ADDRESS (Street)		Route Number, City or Town		_{de)} .208		
20s. METHOD OF DISPOSITION 1 Pauriel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 21. SIGNATURE OF PUBLISHE SERVICE LIGHTSE 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 21. SIGNATURE OF PUBLISHE SERVICE LIGHTSE 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 21. SIGNATURE OF PUBLISHE SERVICE LIGHTSE 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DISPOSITION (Name of cereating agrantation or other (Sam) 20s. PLACE AND DATE OF DATE O									
							MD 21215		
22 PART I. Enter the diseases or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on	aach lina.	5.	rode of dying, suc	m aa cardiac or reap	iratory arread	i, Approximate interval Bet Onset and D		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAN Kinson J Allust									
CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE (
PART II. Other algnificant condition	ns contributing to death	but not resulting	in the underly	ing cause given in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)									
EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
27. MANNER OF DEATH 286. DATE OF INJURY (Month, Dey, Year) 1 Natural 5 Pending 2 Accident Investigation 286. DATE OF INJURY M 1 YES 2 NO 286. INJURY AT WORK? 1 YES 2 NO									
2 Accident Investigation	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)								
2 Accident Investigation 3 Suicide 6 Could not be		ipecity)							
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) CERTIFYING PHY		owledge, death occur							
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only) CERTIFYING PHY	building, etc. (S SICIAN: To the best of my kn NER: On the bests of examine	owledge, death occur			e time, date and place, a	nd dua to the d			

32. REGISTRAR'S SIGNATURE



in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death. Page 6 may be retained by the hospital or attending physician. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will

notified at

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BALTIMORE, MARYLAND 21215-0020

signed by the attending physician and FRAL DIRECTOR: After this certificate has been

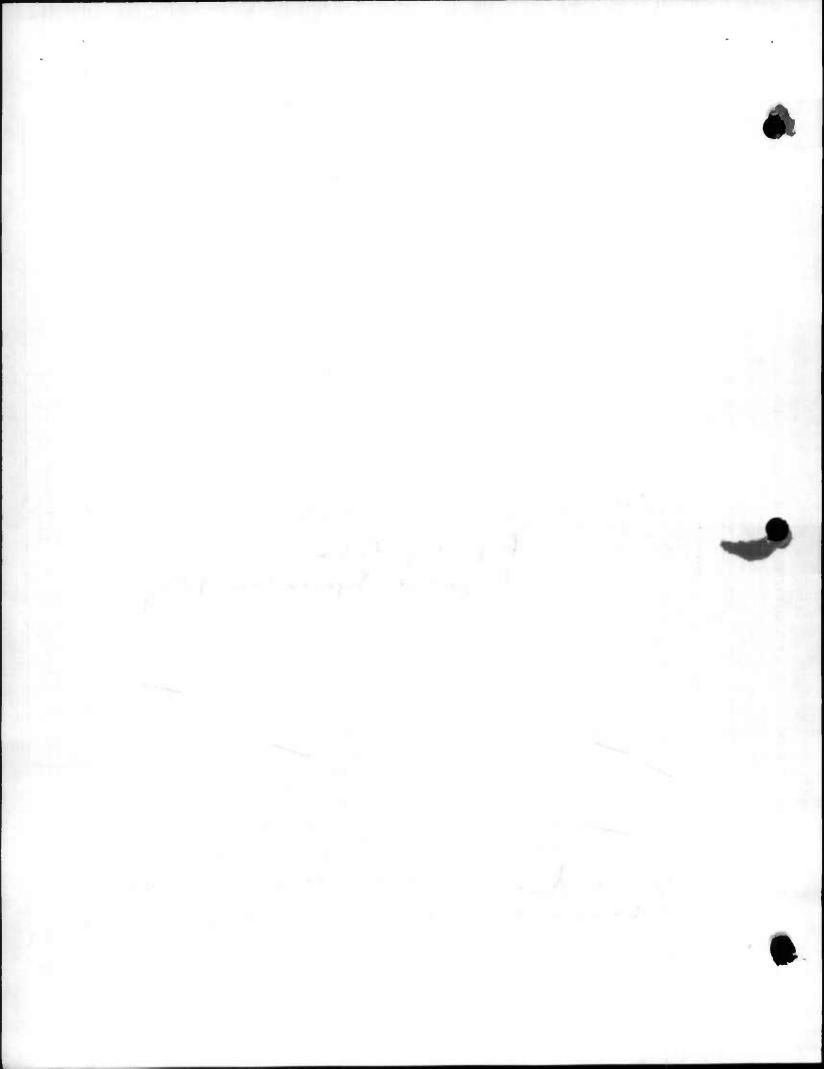
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	4 Donetlop 5 Qther (Specify)	Total Hom State	Druid	R1					
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE							
	23. PART I/ Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition reculting in death)	List only one causes.	caused the dese on each line						
TIFICATION	Sequentielly liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentielly liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events							
PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other significant condition	ns contributing to	death but not r	eaultie					
IMPORTANT: If Item 28 is marked, or Item 23 shows D BE COMPLETED BY PHYSICIAN: MEC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ 00/					
	27. MANNED OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF (Month, Da	INJURY	28b.					
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, fan building, atc. (Specify)								
	000)	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occ							
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	()		1					
2	me 1			•					

32. REGISTRAR'S SIGNATURE

DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Jan. 8, 1992 Roslyn C. Hunt 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 75 216-10-2485 1 M 2 K F 8/22/16 Maryland 9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 230 Sacred Heart Lane Baltimore Reisterstown 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Reisterstown 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 230 Sacred Heart Lane U.S.A. 21136 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Marrie If yea, specify Cuben, Mexican, Puerto Ri 1 YES 2 X NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complet 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Years Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harry B. Kauffman BE Corrine R. Anderson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joseph W. Hunt 230 Sacred Heart Lane Reisterstown, MD 21136 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State dge Cemetery Pikesville, MD 1/11/92 22. NAME AND ADDRESS OF FACILITY 8728 Liberty Road Randallstown, MD Loring Byers Funeral Directors, o not enter the mode of dying, auch es cardiec or respiratory arrest, **Approximats** Onset and Desth E OF E OF ng in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 700 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: ne 5 Residence 8 🗆 Other (Specify) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO m, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stata) rurred at the time, date end place, end due to the cause(e) end manner ee atated. ation, in my opinion, death occured at the time, date end place, and due to the ceuse(a) end menner ee stated. 9c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ~ 712 a ype, Print)

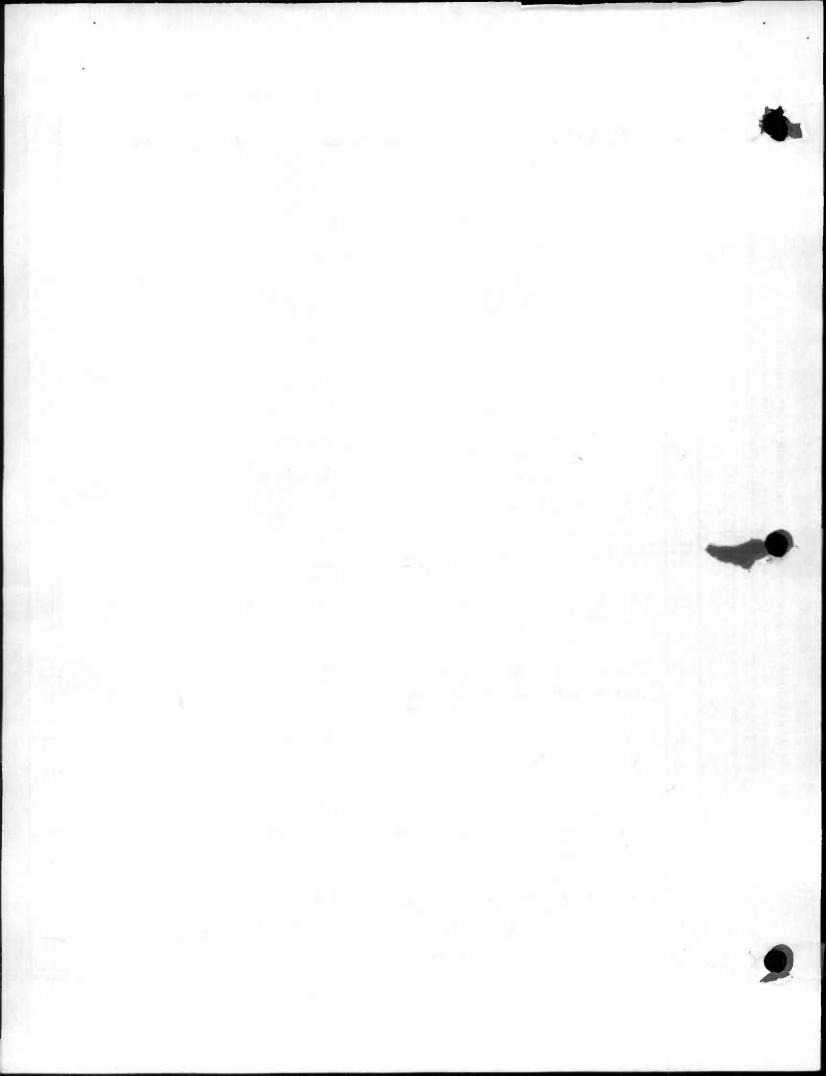
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medical examiner must be notified at once.

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f	8	3	E	A
	E-MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	E-FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and c	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buria	RTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic

	1. DECEDENT'S NAME (First, Middle, Last)	HE	GG	INS	,)	2. DATE OF DEATH	AY 921	3. TIME OF DEATH
	238-18-191 1×120F	AGE (In yrs. last		UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-2-1909		BIRTHPLACE (State or Foreign Country) North Carolina
JR	9a. FACILITY NAME (If not institution, give street and number) Baltimore County General H	Hospita			allstown		9c. COUNTY	
5	RESIDENCE OF DECEDENT							
DIRECTOR	Maryland Baltimore City	У	10c. CITY, TO	Ba1	timore			10d. INSIDE CITY LIMITS? XX YES 2 □ NO
4	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
NER	856 Whitmore Avenue				21216			S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 FORCES? 1 FYES, GIVE WAR (YES 2X N	O	It yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2X NO Specifi	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: 1ack
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	CEDENT'S USU	AL OCCUPATIO	ON st of working	16b. KIND OF BUS		
COMPLETED	7th grade College (1-4 or 5+)		pe kind of work Do NOT use ret eel La		St OF WORKING	Bethle	hem St	eel Co.
į į	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Surname)	
BE	Frank W. Heggin					oanna Hall		
0	Mr. James E. Heggins					Route Number, City or Tow Annapolis,		1401
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation Removal from Stata 4 Donation 5 Other (Specify)	206. PLACE A cemetery crem P1101	nd date of di matory or other p	sposition (Na lace) ist Ch	. Cem.		cation - city lot, N	or Town, Stata C
Ů,	21. SIGNATURE OF UNERAL SERVICE LICENSHIP	nk	_	Lori		Funeral D		rs, Inc. own , MD 21133
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEO	UENCE OF):					Approximata intarval Between Onset and Daath
- 10	PART II. Other significant conditions contributing to dear	th but not re	aultina in th			B		
N: MEDICAL	CARCINOMA Left	9	in the underlying cause given in Part I. 24a. WAS AI PERFO			AMILABLE PRIOR TO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL		*	26. PL	ACE OF DEATH (Ch	ock only one)		
20	EXAMINER? 1 YES 2 NO 1 Anpetient 2 ER/	/Outpatient 3		HER:				
27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW						28d. DESCRIBE HOW II	NJURY OCCUR	ED
2 Accident 3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Fown, State) 28st. LOCATION (Street and Number or City or Fown, State)							and Number or F	tural Floute Number,
COMPLE	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my known one) CERTIFYING PHYSICIAN: To the best of my known one)							
	29b. SIGNATURE AND TITLE OF CERTIFIER			ту оришан, о				
0 8	Barbara Aoch	a, M	I.D.		D35	609	29d, DATE SI	GNEO (Month, Day, Year)
	BARCHARD SOCKA	5401	Od Print	Court	-Rd,	RANDAL	(sto	MM, ua
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE						

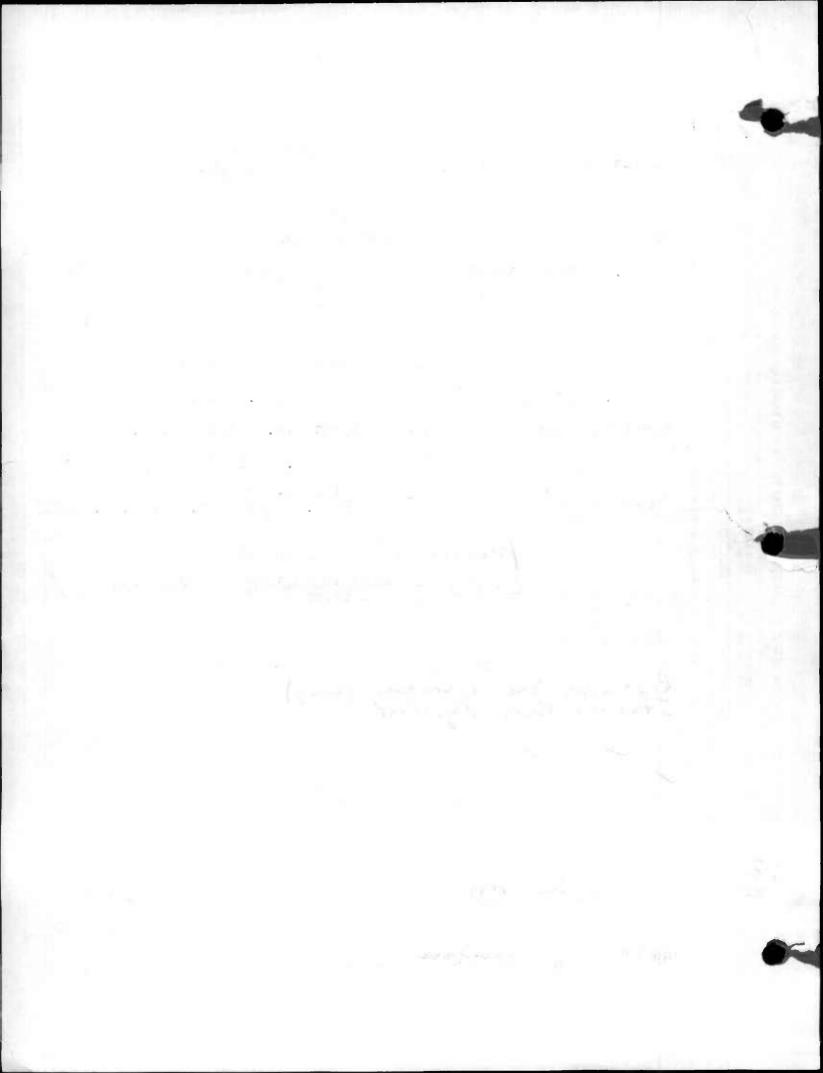


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RAI TIMODE MAADVI AND SASE 0000	TARL INVOIR, MAINTHAND 2.12.13-0020 In after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	removal.
-	2 6	8

1. DECEDENT'S NAME (First, N JOHN JA)							MONT		DAY	YEAR	3. TIME OF DEA			
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yi	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	80	1992	6:33	p W		
249-24-9034 90. FACILITY NAME (If not insti		1 M 2 F		3 vrs.	MONTHS DAYS	HOURS MIN.	10-	h, Dey, Yeer)	-	Sou"	th Car			
THE JOHNS I	HOPKI	NS HOSPIT	AL		BALTI						UNTY OF DEATH			
Maryland	timore				10d. INSIDE CITY X LIMITS? 1 YES 2 NO									
1300 E. La	anval				10	101. ZIP CODE 212			TT ·			ted States		
11. MARITAL STATUS 1 ☑ Never Merried 2 ☐ Merried 3 ☐ Wildowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 15 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR OATES					If yes, sp	CENDENT OF HISPA pecify Cuben, Mexic S 2000 Speci	en, Puerto	NIC ORIGIN? (Specify Yes or No-			14. RACE — American Indian, Black, White, etc. Specify: Negroid			
15. DECEO (Specify only h Elementary/Secondary (0-12 8thgrade		completed) College (1-4 or 5+		(Give kind of w life. Do NOT us	usual occupation of done during more retired.)	ost of working		hipp			3			
17. FATHER'S NAME (First, Midde James L.		none		2011	SSHOTE	16. MOTHER'S NA	AME (First,	Middle, Maider	Sumame)					
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City of Elizabeth Johnson 3206 Westmont Ave. Baltin							ber, City or Tov	vn, State, Zij		03.03.6				
Elizabeth	Johr	ison		3206	Westmon	nt Ave.	Day	L VIIIU	1 0 0 4 5	ICL .	21216			
20e, METHOD OF DISPOSITION 20e, METHOD OF DISPOSITION 3 Suriel 2 Cremetion 4 Donation 5 Other (S)	3 🗆 Remo		20b.PL	ACE AND DATE O	F DISPOSITION (N.	ame of	DAT							
20s, METHOD OF OISPOSITION P Burlel 2 Cremetton 4 Donatton 5 Other (S) 21. SIDNATURE OF FUNERAL 3	3 - Remo	ensee	Gar	ACE AND DATE OF ACE AND DATE O	PF DISPOSITION (N. ther. place) Fores 22. NAME A Cal	t Va.Ce ND ADDRESS OF FI	m 1/	20c. LG / /92 aggs	Owi Mar Fune	city or To	Wills, nd Home Md. 21	213		
20s. METHOD OF OISPOSITION Suriel 2 Cremetion 1 Donation 5 Other (S) 23. PART I. Enter the diseason condition recuiting in deeth) Sequentielly liet condition is any, leading to immedia cause. Enter UNDERLYING	3 Remopecify service Lice rasea, or c rt fellure. I	ovel from State EMSEE complications that Liet only one ceut	gued the	e death. Do n	Proposition (Note: place) Fores 22. NAME A Cali 1412 ot enter the mo	t Va.Ce ND ADDRESS OF FI	DAT em 1/ ACILITY Scru estor ch as care	20c. LC / / 9 2 aggs St. St. St.	Owi Mar Fune Bal	city or To. ng sl ylar vilar to. I to. I rest,	Home Approximinterval B Onset and	ate etween		
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TO BE COMPLETED BY DHYSICIAN: MEDICAL CENTRICATION	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	10 IME, FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-to be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burlat, cremation, or removal.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	DIVISION OF VITAL RECORDS, P.O. BOX 68760, P. BALTIMORE, MARYLAND 21215-0020
A RE COMPIETED B	PORTANT: If Item 28 is m	filed within 72 hours after deat	THE HOSPITAL DR ATTENDING	DIVISION

9	2-0068-510													
	1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAI ERTIF	RTMENT OF	HEALTH	AND	MENTAL	HYGIEN		2 (0415	}
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH			
	JOHN		JOHNSON III			or or or or or or or or or or or or or o			04 T			1:00	P	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. In:	st birthday)	IF UNDER 1 YEA	-	R 24 HRS.	7. DATE (Day, Year)		8. BIRTHP	LACE (State or Fore	ign
	200-58-31		1 M 2 F	19	YRS.	3	'S HOURS	MIN.		09/7	3		la., P	а.
~	90. FACILITY NAME (If not insti					9b. CITY, TOV					9c. CDU	UNTY OF DEATH		
0	UNIVERSITY SHOCK TRAUMA				BALTI	MORE	CIT	Y		Be	7+0	City	,	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN OR LO	CATION					lto., City		
E	Md	Harf	'ond		-			T.7		0			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	nari	1010			DEXIXOXXXXXXXX Harv				e Gr			AT COUNTRY?	<u> </u>
OH I	330	Wilso	on Stre	at		- 1		_	0.7.0.77	0			IAI COUNTRY?	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF	MED	ED 13. WAS DECENDENT OF HISPAN						JSA	4. RACE — American Indian,	
7	1 Never Merried 2 M	arried	FORCES? 1	YES 2 X	YES 2 NO			en, Mexice	n, Puerto R	can, etc.)	1 OF NO.	Black,	White, etc.	'
ВУ	3 Widowed 4 Divorce	rd					res 2 X NO	Specify	/ -			Specify	Blk.	
H	15. DECED (Specify only h	ENT'S EOUCA	ATION ompleted)	16e. DE	CEDENT'S	USUAL OCCUP	ATION most of working	na	16b.	KIND OF BU	SINESS/IND	USTRY		
9	Elementary/Secondery (0-12	2)	College (1-4 or 5		. Do NOT us	se retired.)	THOUSE OF THOUSAND							
COMPLETED														
	17. FATHER'S NAME (First, Middle John WA)		Tohngo	n TT			18. MOT	HER'S NA	ME (First, M	iddle, Maiden	Surneme)			
BE	190. INFORMANT'S NAME (Type		Johnse		-			aro	1 Du	lev				
2			la		-	ADDRESS (Stre								
	John Wester		nnson			S. Ph		BTA		_			21001	
	1 Burlet 2 Cremetion 3 Removal from State cemelery, crematory or other place)								OATE 20c. LOCATION — City or Town, State					
ı	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					unt Ce	Cemetery 01/13				/92 Phila. Pa.			
	Leroy O. Dyett & Son Funeral Hm., In									Tn				
-	23. PART I. Enter the dise	090	700	N	4								1207	
	iMMEDIATE CAUSE (Final disease or condition	t miller La	at only one cau	se en each line	11	/_ /		ing, add	n as cardi	bc or respi	ratory arr	est,	Approximate interval Betv Onset and D	veen
	resulting in death) a. Due to (on as a consequence of):										_			
z														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												-1	
2	cause. Enter UNDERLYING CAUSE (Disease or injury											_		
	that initiated events resulting in death) LAST		DUE TO	OR AS A CONSEC	JUENCE OF	90.								
H H		C a											1	_
1	PART II. Other algnificant conditions contributing to death but not resulting					in the underlying cause given in Part				t I. 24a. WAS AN AUTOPSY			24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL										PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
WEI												OF DEATH?		
ż													THE ? IND	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 46. PLACE OF DEATH (Check only one)											\neg		
YSI	1 TYES 2 ND		HOSPITAL:	ER/Outpatient 3 DOA 4 Nursing Hom			ome 5 🗆 Re	me 5 Residence 6 Oth			Other (Specify)			
H	27. MANNER OF DEATH	(Month			28b. TIMI INJ	DF 28c, INJURY AT			28d. DESCRIBE HOW INJURY OCCUREO					\dashv
B	1 Netural 5 Per 2 Accident Inve	12-30	-30-1991 11:00			PM 1 YES 2 X NO			SUBJECT SHOT					
	3 Suicide 6 Con	etc. (Specny)			fice	City		t. LOCATIDN (Street and Number or Rural Route Number, City or Town, State)			ite Number,			
E.	ON STREET								HAR	HARFORD COUNTY				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end menner as stated.													
Į į	2 NMEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.										d.			
88	HIS SIGNATURE AND WILE OF CERTIFIER					29c. LICENSE NUMB			BER 29d. DATE SIG			SIGNED (M	IGNED (Month, Day, Year)	
O.C.M.E.									▶01	-05-	1992			
-1	30. NAME AND ADDRESS OF PE	RSDN WHD C	DMPLETED CAUS										-	\neg
	FRINK	16	16/1			PENN	STREE	T B	ALTI	MORE	MAR	YLAN	D 2120	1
- 1	31. OATE FILEO (Month, Day, Yee) JAN 1 0 19	92	32. REGISTRAI	ASTA- ASTAL	223									
IA.			-NE むい ほう W.J.W.L.J.T.S.	TEN ALL LONG										1

which is a second to the result.

Hysicial).	urial-transit permit. Pages 1, 2, 3 should		
U THE HUSPITAL OR ALLENDING PRINCIPAL: THE INVESTIGATION FINE THE THEORY OF THE HUSPITAL CATION STORES OF THE PRINCIPAL OF THE THEORY OF THE THE THEORY OF THE THE THE THEORY OF THE THEORY OF THE THEORY OF THE THEORY OF THE THE	is certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		must be notified at once.
to executed within 24 library arter usatir. Fage	cian and completely filled in by the funeral dire	or to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IN. THE IAW JEQUILES HIGH THE DEATH COLUMNICATE	ficate has been signed by the attending physic	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other tr
IN THE HUSPITAL OR ALLENOING PHISICIAN	TO THE FUNERAL DIRECTOR: After this certifi	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or

	FOR STATE OF MARYIA	WD / DEDLOTE			00	
	1 - STATE STATE REGISTRAR	NU / UEPAKIN CERTIFIC	IENT OF HEALTH AND ATE OF DEATH	MENIAL HYGIE!		0416
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	. 3.	TIME OF DEATH
1	Frank Kohles	Frank M.	Kohles	MONTH /	8 / 92	10:44 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLA Country) Maryl	CE (State or Foreign
	9e. FACILITY NAME (If not institution, give street and number)	98	CITY, TOWN OR LOCATION OF D	DEATH & L	9c. COUNTY OF DEAT	
TOR	Francis Scott Key Med	. Center	Baltimor	e ind.	City	
DIRECTOR	10e. STATE 10b. COUNTY Baltimore		own or Location altimore: 1	nd.		d. INSIDE CITY LIMITS? YES 2 🛣 NO
FUNERAL	10a. STREET AND NUMBER 2 East Elm Ave		10f. ZIP CODE	06	10g. CITIZEN OF WHA	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY	2NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerto Rican, etc.)	14. RACE — Black, W Specify:	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re Bank Tel	done during most of working stred.)		and Nationa	1 Bank
8	17. FATHER'S NAME (First, Middle, Last)	bally rer		AME (First, Middle, Maide		II Dallk
	Conrad Kohles		100	ra Hahn		
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rura		wn, State, Zip Code)	
유	Kathleen Deinlein	4219 F	owler Avenue	Baltimore	MD 2123	16
	20a. METHOD OF DISPOSITION 20b.	PLACE AND DATE O	DISPOSITION (Name] /]		OCATION — City or Town,	
	1 Suriel 2 Cremetion 3 Hemoval from State of Co	emetary, crematory or	edeemer Cemete	,	ltimore, MD) -
	21. SIGNATURE OF FUNERAL SERVICE LICENSIES		22. NAME AND ADDRESS OF F	ACIUTY Dippel	Funeral H	ome, Inc.
	23. PARTI. Enter the disease, or complications that caused shock or least failure. List only one cause on ear immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A	Wound	antar the mode of dying, au	ch aa cardiac or rea	piratory arrest,	Approximata Interval Between Onest and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF): OF SYCONSEQUENCE OF):	stem tai	lure	Work	2.50
_	PART ii. Other significant conditions contributing to death be	it not reaulting in	the underlying cause given i	n Part i. 24s. WAS A	w Auriginsy	HE AUTOPSY FINDINGS
2	OCH7 QNaprosin	CL		PERFO	. Nun 00	ALABLE PRIOR TO IMPLETION OF CAUSE
PHYSICIAN: MEDICAL	OHTH OARTHIT	īS			V	YES 2 NO
ä	3 CAD					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	Check only one)		
1S	1 YES 2 NO 1 Inpatient 2 ER/Output	atlent 3 DOA 4	☐ Nursing Home 5 ☐ Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural Investigation	28b. TIME O		284. DESCRIBE HOW	NJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	— At home, farm, stre	et, factory, office	28f. LOCATION (Stree City or Town, Stat	t and Number or Rural Route)	e Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination					nd menner es stated.
TO BE C	296. SIGNATURE AND PITE OF CERTIFIER COLUMN	e (ms)	29c. LICENSE N	9771	29d. DATE SIGNED (M	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEJ	ATH (ITEM 27) (Type, Pr	17255. Belmo	nt Ave	York; F	72403

37 REGISTRAR'S SIGNATURE Julia Day doon-Randell

0 1992

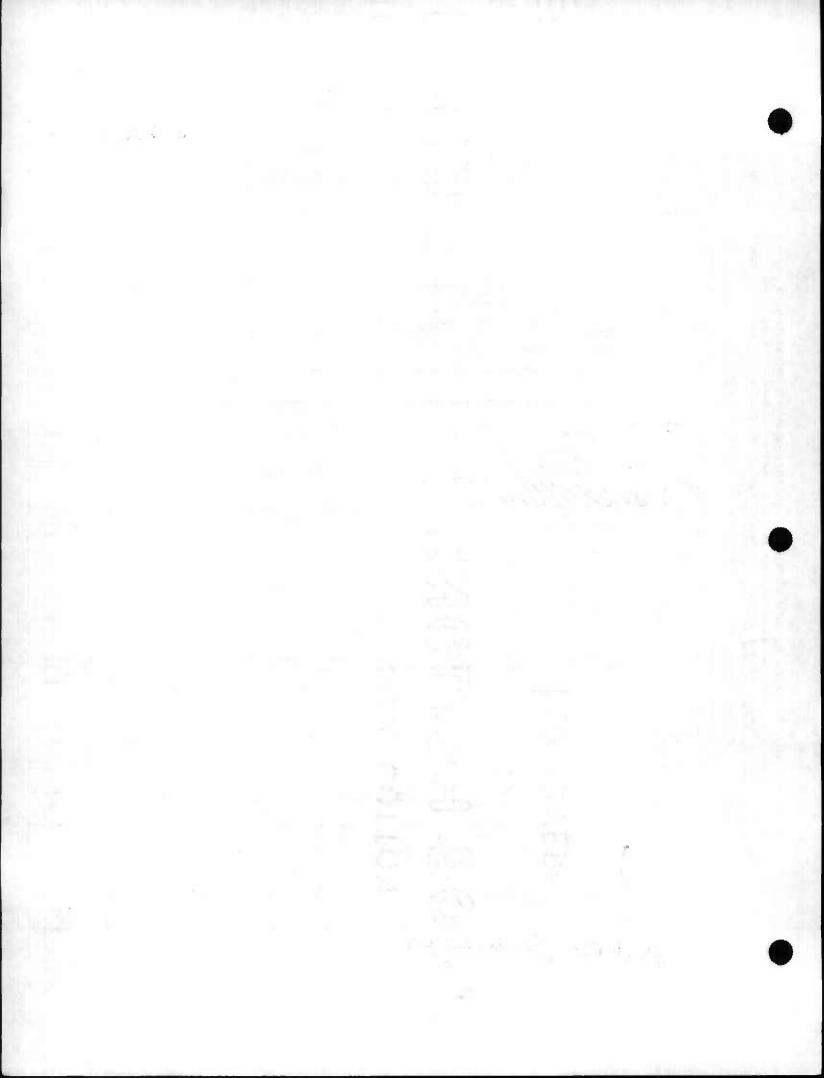
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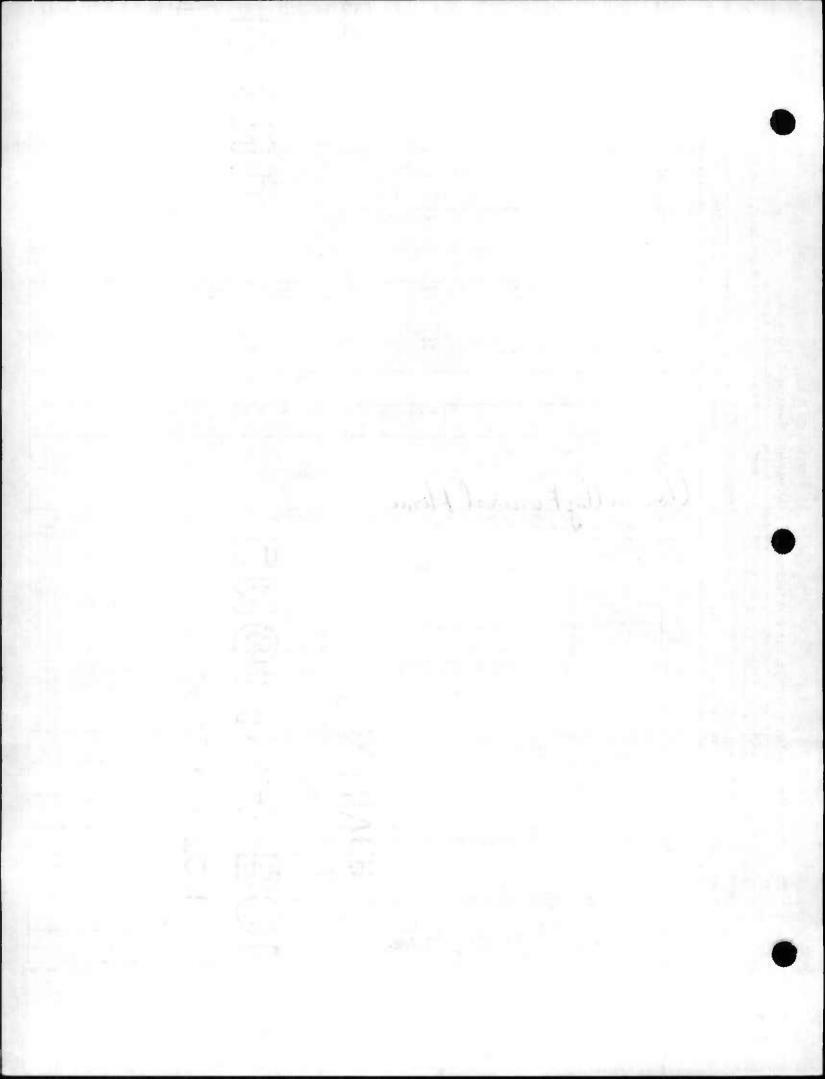
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE UNCOTAL OF ATTENDING BLYSLINEN. The law requires that the death certificate be executed within 24 neurs after death. Plane 6 may be retained by the brist	y the funeral director, page 5 should be detachenoval.	THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem
	after death. Page 6 may be retained by the hosp	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours as

Paul Kerci	hendor	fer					2. OATE MONTH	OF DEATH	1-6-	92 9 2	3. TIME OF DEATH 22/2/
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	lest birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
578 01 7375	1 🛣 M 2 🗆 F	87	YRS.	MONTHS DAYS	HOURS	MIN.		. Day, Year) 1-1905		Count	sh, DC
e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWI	OR LOCATI	ON OF DE	_	1,000		JNTY OF I	
Washington Adve	ntist Hos	pital		Tako	ma Pa	rk			Mor	t.gom	ery County
ESIDENCE OF DECEDENT		p2.002				276			1101	109011	
De. STATE . 10b. COU	ITY		10c. CI	TY, TOWN OR LOC	ATION						tod. INSIDE CITY LIMITS?
Maryland Mo	nt. county	У	T	akoma P	ark						1 YES 2 NO
De. STREET AND NUMBER					10f. ZIP COD	E			10g. CI	TIZEN OF	WHAT COUNTRY?
7630 Maple Ave	enue Apt	721			209	912			U	SA	
I. MARITAL STATUS New Married Married Widowed Divorced		NT EVER IN U.S. A I YES 2 MAR OR DATES		If yes,	ECENDENT C specify Cube ES 2 NO	ın, Maxicar	, Puerto I	i? (Specify Yes Rican, atc.)	s or No	14. RAC Blac Spec	E — American Indien, ck, White, atc. city: White
15. DECEDENT'S E (Specify only highest gri	DUCATION ide completed)	16a. C		S USUAL OCCUPA work done during		ing	16b	KIND OF BU	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-t2)	College (1-4 or 5	+) "	DO HO! L	are roundly				Janit	or		
Grammer 7. FATHER'S NAME (First, Middle, Last)	7			-	46 140-	HEDIC HA	4E (E' : '				
r. PAITER S NAME (FIRST, MIDDIR, LAST)					18. MOY	ntr's NAI	we (rirst, l	Aiddle, Malden	Sumame)		
De, INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS (Street	at and Numbe	r or Rural F	loute Numl	ber, City or Tow	rn, State, Z	(ip Code)	
MR. DONALD SHEARER	Po	ow Atty		10 Col1							le, FL 32
00. METHOD OF DISPOSITION		1		TE OF DISPOSITION		- 1	DAT				own, State
☐ Buriel 2 ☐ Cremetion 3 ☐ Re Sponstion 5 ☐ Other (Specify)	emoval from State			y or other place)			1				
1. SIGNATURE OF JUNERAL SERVICE	LICENSEE /	12.99	2-5	22. NAME	AND ADDRE	SS OF FAC	CILITY				
\	10/1	1-3-9-7									
Witnessen 1	Marcal	, - , ,			AND ADDING						
23 PART I. Enter the diseases, o shock, or heart failur MMEDIATE CAUSE (Finel	a. List only ona car	at caused the cuse on each ile	dasth. Do	not enter tha	noda of dy						Approximeta interval Between Onset and De
shock, or heart failure MMEDIATE CAUSE (Finel disease or condition reaulting in daath) Sequentially list conditions, f any, leading to immediate lause. Enter UNDERLYING	s. Due To	at caused the cuse on each life of the constant of the constan	dasth. Do na.	not enter the a	noda of dy						interval Between
shock, or heart failur MMEDIATE CAUSE (Finel disease or condition reaulting in daath) Sequentially list conditions, f any, leading to immediate	s. Due To	at caused the cuse on each life of the constant of the constan	dasth. Do na.	not enter the i	noda of dy						interval Between
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shock, or heart failure MMEDIATE CAUSE (Finel disease or condition eaulting in daath) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART ii. Other significant conditions	a. List only one car a	at caused the cuse on aach ill gram of the constant of the con	desth. Do na.	not enter the i	node of dy	given in	Part I.	24a. WAS AN PERFOI	N AUTOPS'S	a a	b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS
shock, or heart failure MMEDIATE CAUSE (Finel disease or condition reaulting in daath) Sequentially list conditions, of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant condit 5. WAS CASE REFERREO TO MEDICAL EXAMINER?	a. List only one car a	at caused the use on aach ill use on aach ill use on aach ill use on one as a cons	desth. Do na. SEQUENCE (SEQUENCE (SEQUENCE (Tresulting	or): Or): Or): Or): Or): Or): Or): Or): Or): Or):	roda of dy	given in	Part I.	24a. WAS AN PERFOI	N AUTOPS'S	a a	b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS
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shock, or heart failure MMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events reaulting in death) LAST PART II. Other significant condit 1	a. Liet only one can a	at caused the use on aach ill use on aach ill use on aach ill use on aach ill use on aach ill use on aach ill use on aach ill use of one as a cons O (OR AS A CONS O (OR AS A	desth. Do na. SEQUENCE (SEQUENCE (SEQUENCE (T resulting 3 DOA 26b.Ti R R A L home, farm.	orpi: 26 OTHER: 4 Nursing ME OF NURY M 1 1, street, factory, or	PLACE OF Come 5 R NJURY AT WORK? YES 2 Mice and place on, death occurrence of the control occurrence occurrence of the control occurrence occu	given in DEATH (Chi tesidence NO	Part I. Bock only or 6 Other 28d. DE: 28f. LOC City to the castime, date	24a. WAS AN PERFOIL 1 YES : 1 YES : 1 Specify) SCRIBE HOW CATION (Street or Town, State	N AUTOPS' RIMEQ? 2 NO INJURY O and Numb inner as s'	Y 24	b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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BALTIMORE, MARYLAND BALTIMORE, MARYLAND	tificate be executed within 24 hours after death. Page 6 may be retained by the hospi	j physician and completely filled in by the funeral director, page 5 should be detached ene prior to burial, cremation, or removal.	ther traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

				ATE OF		_				
1. DECEDENT'S NAME (First, Middle, Last)		KDOU				MON	E OF DEATH TH D	AY 7	YEAR 3	TIME OF DEATH
Doris M	5. SEX	KROUI								10:30F
218-18-8447	1 □ M 2 ☑ F	6. AGE (In yrs. lest		NTHS DAYS	HOURS MIN.	T. DATE	e of Birth	025	Country)	ACE (State or Foreign
9e. FACILITY NAME (If not institution, give		00) • T) * -			
	uni Lal			OSSV1				TY OF DEA		
Franklin Sq	spital		R	COSSVI	тте		Balt	ımor	e County	
10e. STATE 10b. COUNTY			10c. CITY, 1	TOWN OR LOCAT	TION				1	Od. INSIDE CITY
Md. B	Altimore	2		Ess	ex				1	LIMITS?
10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
1001 BAyn	er Road				212	221			USA	A
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARK			ENDENT OF HIS			e or No—	14. RACE -	- American Indien,
1 Never Merried 2 Merried	IF YES, GIVE W	YES 2X N	0		ecify Cuben, Max 2 , NO Spe		Ricen, atc.)		Specify:	White, atc.
3 Widowed 4 Divorced					X					White
15. DECEDENT'S ED (Specify only highest grad		(GA	re kind of worl	WAL OCCUPATION And American Miles		16	b. KIND OF BU	ISINESS/INDU	JSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5 +	+) Iffe.	Do NOT use n	,	··· Most					
10th				actor	y Worl					
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S					
	mms				Anı		Sparro			
19a. INFORMANT'S NAME (Type/Print)	C.				and Number or Ru					21221
	oupa Sr.									
20e, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Re	moval from State			otper place)	ery 1			Altim		
4 Donation 5 Other (Specify)	ionian.	_ Oak	LIAMII		ND ADDRESS OF		72 01	TECTI	OLC	IID.
17 01	J	1		44. NAME A						
23. PART I. Enter the diseases, pre- ehock, or heert failure	Functions that Liet only one ceu	al H it caused the dec use Dn eech lins.	brul ath, Do not	4	nellyFi					Approximate interval Between
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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked or item 23 shows say injury as other trainfels event the modest accoming an activity as
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5	23	3

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) David	W,	KIRKPATRI		Sr.	2. DATE OF DEATH		3. TIME OF OEATH 7:15 P M
	358 07 6837	1 DM 2 XXF 72		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1919 8. BIR	THPLACE (Stone or Foreign
TOR	*	Franklin Square Hospital			r LOCATION OF C	DEATH	9c. COUNTY OF Baltimo	re County
DIRECTOR	10e. STATE 10b. COUNT	r ltimore	10c, CITY, 1	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 TO NO
FUNERAL	100. STREET AND NUMBER 654 Middlesex	Road		10f.	ZIP CODE 21221		10g. CITIZEN OF	WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 12 YES IF YES, GIVE WAR OR E	2 NO	if yes, spe	ENDENT OF HISPA city Cuben, Mexic 2 DOMO Speci	NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.) ly:	Bia	CE — American Indian, ck, White, etc.
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S US (Give kind of work	k done during mos	N at of working	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n Ser	vi.ceman		Aiı	Force	
BE CO	17. FATHER'S NAME (First, Middle, Last) Enoch Brown K	irkpatrick			Annie	Me (First, Middle, Maiden Maud And	Sumame)	
TOE	190. INFORMANT'S NAME (Type/Print) Rose Mary Kirkpa		654 M	iddlese	x Rd. Ba	Aoute Number, City or Townslatimore,	n, State, Zip Code) d. 2122	1
	20e. METHOD OF DISPOSITION 1 Guriel Commetter 3 Rem 4 Donatton 5 Other (Specify)	22	D. PLACE AND DATE OF I	risposition (Nai Cemet	ery	1/9/91 1	cation — city or Baltimor	Fown, State
	21, SIGNATURE OF FUNERAL SERVICE LA	IMSEE C	-			oury uneral Home Ave. Baltin		. 21221
CERTIFICATION	iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Bone Mari DUE TO (OR AS) Sevre Ansoue TO (OR AS) Gastroin	POW DYSP A CONSEQUENCE OF): emia A CONSEQUENCE OF):	lasia		certain		Approximate Interval Between Onset and Deeth
MEDICAL	Squamous cell Pneumonia lef	cancer of	f left lu		Ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Ch	eck only one)		
HYS	1 TYES 2 NO 27. MANNER OF OEATH	1 inpetient 2 ER/Outs		☐ Nursing Home		8 Other (Specify)		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WOF		28d. OEŞCRIBE HOW I	NJURY OCCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streedily)	et, factory, office		281. LOCATION (Street (City or Town, State)	ind Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED	CIAN: To the best of my know R: On the basic of examination	riedge, death occurred a	t the time, date on my opinion, de	end place, end due ath occured at the	to the cause(e) end mar	ner es stated.	e) end menner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	igh			29c. LICENSE NUI	MBER 28	29d. DATE SIGNED	92
F	Dr. Ba Yin Ou				Dr. Ma	aryland 2	21237	
		132. REGISTRAR'S SIGN						

12+1

DHMH-16 Rav 1/89

WW II Korea

White

12

Serviceman

Air Force

Enoch Brown Kirkpatrick

Annie Maud Andrews

Rose Mary Kirkpatrick Wife

654 Middlesex Rd. Baltimore, Md. 21221

XX

Green Mount Cemetery

1/9/91 Baltimore, Md.

Bruzdzinski Funeral Home PA 1407 Eastern Ave. Baltimore, Md. 21221 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE JUNERAL DIRECTOR: After this certif	nd with 72 hours after death with the	DRTANT: If item 28 is marked, or
	HE AMERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	F. A.N.ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be with 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

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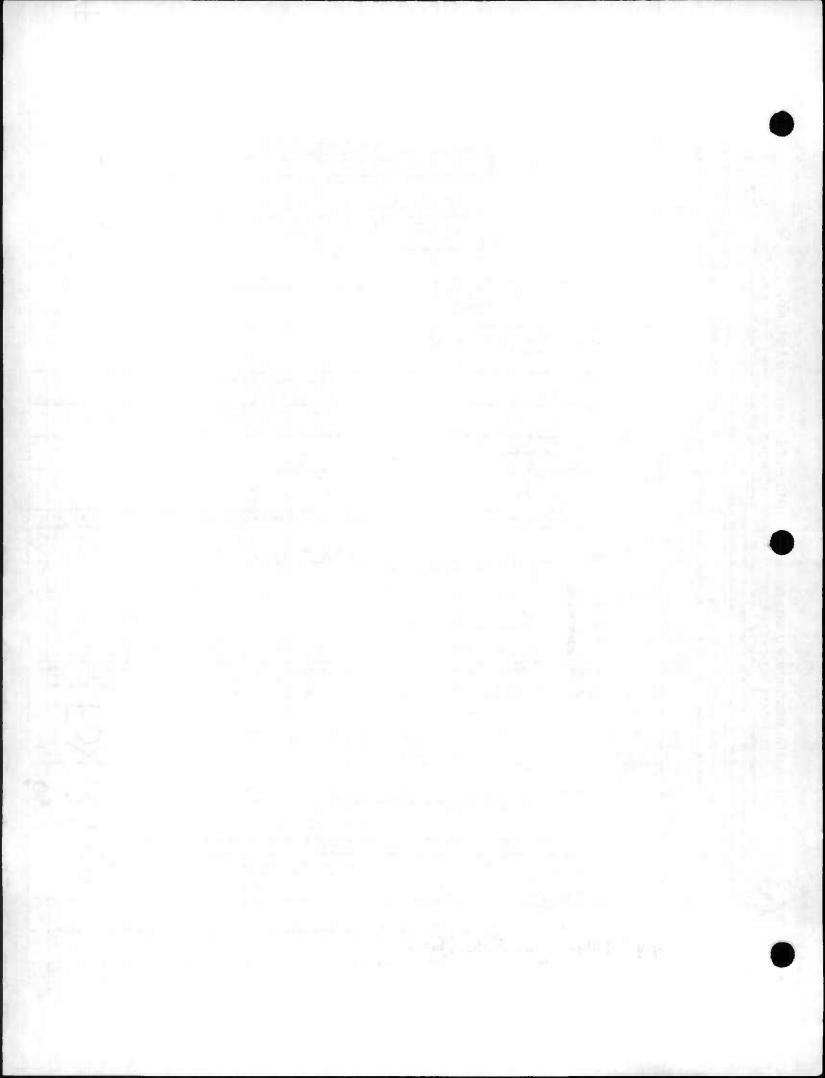
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92 00420 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH PEAR 9:16A

BIRTHPLACE (State or Foreign Country) DAY 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

YRS. MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Monthy Day, Year) 5. SEX

	216-46-5464	1 M 2 DF	O YRS.	INC.		4/2/11		MARYLAND
	90. FACILITY NAME (If not institution, give str	reet and number)	9b.	CITY, TOWN OR LOCAT	TION OF DEAT		9c. COUNTY O	F DEATH
8	Belt, more Con	noty Carl H	050 12	new or Or	Stoc	on, Mal	Barl	to.
13	RESIDENCE OF DECEDENT		1	ur que	-,00		,	
DIRECTOR	10e. STATE 10b. COUNTY			WN OR LOCATION	TNC			10d. INSIDE CITY VLIMITS?
5	MARYLAND M	ONTGOMERY	2	PILVER SPR	LING			1 YES 2 NO
	10e. STREET AND NUMBER			101. ZIP CO			10g. CITIZEN O	F WHAT COUNTRY?
8	13704 CASTLE CLIF	F WAY			20904		U	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III & ADMED	12 WAS DECEMBENT	OE HISDANIC	ORIGIN? (Specify Yes	ar No. 14 B	ACE — American Indian,
5	1 Never Married 2 Merried	FORCES? 1 TYES	2 NO	If yes, specify Cut	en, Mexicen, I		В	lack, White, atc.
BY	3 ☑ Widowed 4 □ Divorced	IF YES, GIVE WAR OR DA	ITES **	1 TES 2 XNO	Specify:		S	pecify: WHITE
	15, DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU	AL OCCUPATION		16b. KIND OF BUS	INESC/INDUSTO	v
1	(Specify only highest grade	completed)	(Give kind of work	done during most of worldred.)	king	100. KIND OF BUS	SINESS/INDUSTR	•
3	Elementary/Secondery (0-12)	College (1-4 or 5+)	GROCER	760.)		FOOI	D	
COMPLETED								
8	17. FATHER'S NAME (First, Middle, Last) MELVIN GILDEN	7		18. MO	THER'S NAME	E (First, Middle, Maiden E (UNKNO)	Sumame)	
BE	MELVIN GILDEN				DESCIE	- (OMMON	ATA)	
	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Numb	er or Rural Rou	ite Number, City or Town	n, State, Zip Code,	ND 00004
2	MRS. MARLENE LEAV	EY	13/04	CASTLE CLI	F.F. WA	Y SILVER	SPRING	, MD 20904
	20g. METHOD OF DISPOSITION	20t	. PLACE AND DATE OF	DISPOSITION (Name		DATE 20c. LO	CATION — City o	r Town, State
	1 ♣ Buriel 2 ☐ Cremetion 3 ☐ Remo	oval from State of o	cemetary, crematory or o	ther place)	ו זים		ALTIMOR	
	21. SIGNATURE OF FUNERAL SERVICE LIC		ITH ISAAC A	22. NAME AND ADDR			ALTINOR	E/ III
	CALA	V	0)			BROS.	TNC.	
	- Ellensu	e Lever	ron					, MD 21215
	23. PART I. Enter the diseases, or c	complications that caused	I the deeth. Do not					Approximete
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Z	Sequentially list conditions,	· ander	us mu	bendo c	ardi	el crift	chet zo	a 6 cells
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CERTIFICATION	resulting in deeth) LAST	a. Weter	cosclete	stee ca	rdie v	rase de	can	e
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	'	()	0					1 TYES 2 NO
2						-		
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			28 DI ACE OF	DEATH (Check	k only one)		
\overline{c}	EXAMINER?	HOSPITAL:		THER:				
~	1 YES 2 NO	1 Inputient 2 ER/Outp		Nursing Home 5 🗆			THE PER	
PH	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME OF	WORK?	1	28d. DEŞCRIBE HOW I	NJURY OCCURE	D
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 TES 2	□ NO			
	3 Suicide s Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atree	t, factory, office	2	28f. LOCATION (Street City or Town, State)		iral Route Number,
旦	4 Homicide datermined		,,			only or rown, once,		
9	290. CERTIFIER	ICIAN: To the best of my know	ledge death consend a	the time date and also	no and due to	the same(s) and ma	nner on eleted	
A	one)	R: On the basic of examination						unafah and mannas an etekad
COMPLETED			er enabor investigation, ii	Tiny opinion, death oct	coreo at the ti	me, dete ena piace, ei	IO GOO TO THE CAL	res(e) end manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. L	ICENSE NUMB	ER	29d. DATE SIG	NED (Month, Day, Year)
9	(Slau Soft	rustoos	mo	D	113	96	1/17	7192
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	nt)				
	Allan S. Pr	is toop.	MP					
	31. DATE FILED (Month, Day, Year)	A2 REGISTRAR'S SIGN	ATURE			-		-
	JAN 1 0 1992	Juna Davidson						
- 10	Unii 100E							



	REGISTRAR		CERTIF	ICATE OF	F DEATH	RE	G. NO.		
			KERR (BI	ENEDICT	L. KERR)	2. DATE OF DE MONTH	EATH DAY 08	9Z	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-05-1243	1 🔀 M 2 🗆 F	E (In yrs. last birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIE		Country)	CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give st SINAL HOSPITAL RESIDENCE OF DECEDENT	treet and number)		96. COUNTY OF DEATH BALTIMORE					
- DIRECTOR	100. STATE 10b. COUNTY MARYLAND	i	19c. CITY	Y, TOWN OR LOCA BALTI					I. INSIDE CITY LIMITS?
FUNERAL	3601 FORDS LA., A					215	J	ZEN OF WHAT USA	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	if yes, s	ECENDENT OF HISPAT specify Cuban, Maxica ES 2 NO Specify	an, Puarto Rican,	offy Yes or No— atc.)	Black, Wh	American Indian, hite, atc. WHITE
TED	15. DECEDENT'S EDUC (Specify only highest grade		18a. DECEDENT'S	work done during m	TION most of working	16b. KIND	OF BUSINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	se retired.) WELER	Mar or Walling		JEWELRY	v stor	r.
OM	17. FATHER'S NAME (First, Middle, Last)			Millia.	16. MOTHER'S NA	AME (First, Middle,		1 0	
BE C	SAMUEL	KERR			Place No.			UNKNOW	N)
TOB	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural I			Code)	
	MRS. ELAINE JANOF 20e. METHOD OF DISPOSITION 12 Burlal 2 Crematton 3 Remo	206	b. PLACE AND DATE O	OF DISPOSITION (A	Name of	DATE 2	ORE, MD	21209 City or Town, S	State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	E	BALTIMORE			9/92	BALTIM	ORE, M	D
	► allense	e devin	son	SOL	AND ADDRESS OF FAI LEVINSON REISTERS	& BROS	D. BALTY	O., ME	21215
		complications that caused Liet only one cause on a	d the deeth. Do n	ot enter the m	ode of dying, suc	h as cerdlec or	r respiratory error	set,	Approximate intervel Batween
	iMMEDIATE CAUSE (Finel disease or condition	SEPSIS	<						Onset and Death
-	resulting in death)	***	A CONSEQUENCE OF	ጎ ፡					INK
N	Sequentially lift conditions,	· PNEUMO	MA						3WKS
ATIC	If any leading to immediate	HOLETPAN L	VMPHMA		A DEEK	ITATON			7
CERTIFICATION	that initiated avents	DUE TO (OR AS /	A CONSEQUENCE OF):	4 her in	LENCY			•
H	resulting in death) LAST	1							
- 11	PART II. Other significent conditions					Part i. 24e. V	WAS AN AUTOPSY		E AUTOPSY FINDINGS
EDICAL	RENAL INSUFFICE	IENCY-CRI-		RKINSO	N'S DE		YES 2 NO	COM	LABLE PRIOR TO PLETION OF CAUSE DEATH?
	DIC		CC	OPD				1	YES 2 NO
AN	GI BLEED 25. WAS CASE REFERRED TO MEDICAL			26.1	TO OF BESTH (Ch				
SICI	EXAMINER?	NOSPITAL:		OTHER:	PLACE OF DEATH (Che				
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. IN.	IJURY AT ORK? YES 2 NO		HOW INJURY OCCU	URED	
COMPLETED B	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, st			281. LOCATION (City or Town,	(Street and Number of	or Rural Route N	Vumber,
PLE	29a. CERTIFIER (Check only one)	CIAN: To the best of my knowl	riedge, death occurrer	d at the time, dat	e and place, and due	to the cause(s) a	nd manner as state	ıd.	
g B	2 MEDICAL EXAMINER	R: On the basis of examination	n end/or investigation	i, in my opinion,	death occured at the	time, data and pla	ace, and due to the	cause(a) and	mennar ea stated.
38	296. SIGNATURE AND TITLE OF CERTIFIER AND MANUEL STREET, STRE	w, MD			29c. LICENSE NUM		•	SIGNED (Mont)	
	30. NAME AND ADDRESS OF PERSON WHO LISAS - ABRAM	SIMD SIN	ATH (ITEM 27) (Type, I	Print)	BELVEDER	PE ATE	REENSP	PING	BALTO, MD.
	JAN 101992	Julia Davidson-A	andell						21215

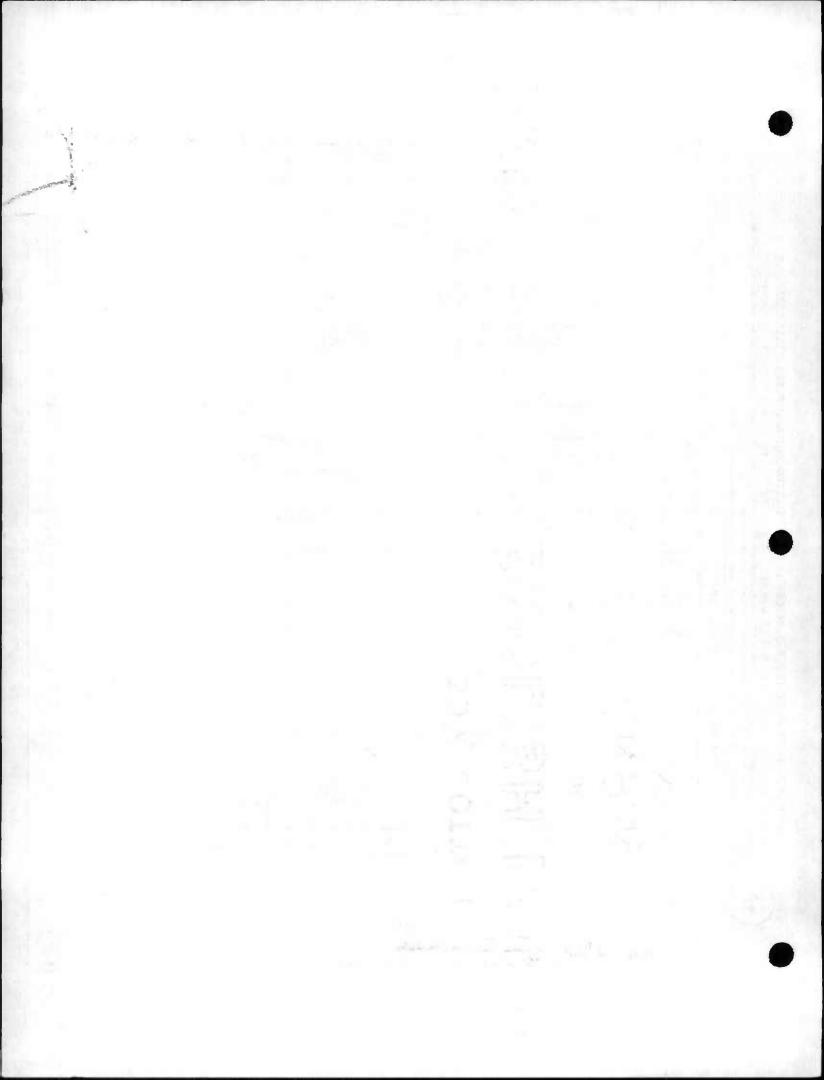
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

200.0 Lung.

THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should make within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.

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DIVISION OF VITAL RECORDS, I	
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DECEDENT'S NAME (First, Middle, Last)	A CART						OF DEATH			3. TIME OF OEATH
Kitty KA	ye					MONT		DAY	92	12 25 F
	. /	AGE (In yrs. last birthde	MONTHS	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)		6. BIRTI Count	IPLACE (State or Foreign
207-01-3214	1 🗆 M 2 💢 F	91 YRS	S		- A2	MAY	1, 19		R	USSIA
PIKESVILLE NURSI			9b, CITY		ESVILLE	EATH			BALT	IMORE
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND		10c. (CITY, TOWN C	DR LOCAT						10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO
00. STREET AND NUMBER 2500 W. BELVEDERE	AVE.			101	21215			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS Never Married 2 Married Divorced	12. WAS DECEDENT ET FORCES? 1 I IF YES, GIVE WAR	YES 20 NO		If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specifi	n, Puarto		a or No-	Blac	E — American Indian, k, White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDEN (Give kind life, Do NO	T'S USUAL Of of work done of use retired.)	CCUPATIO	ON st of working	16	b. KIND OF BU	JSINESS/IND	DUSTRY	
12	College (1-4 or 6+)	DE	SIGNER	R			CI	LOTHI	NG	
7. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First,	Middle, Maldei	n Surname)		
HYMAN W	OLMAN					EV	A	(UNKN	(MWO	
9a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	S (Street a	and Number or Rural	Route Nur	nber, City or To	wn, State, Zij	p Code)	
MR. BERNARD STR	UMWATER	330	O OLY	MPIA	AVE., B	ALTI	MORE,	MD	2121	5
- CILLANNIA	2 211	MOM			ND ADDRESS OF FA		RD.		0	MD 21215
23. PART I. Enter the diseases, or co shock, or heart fellure. Li	omplicationa that co ist only one cause		Oo not enter	olo the mo	REISTERS	MOT		BALT		MD 21215 Approximate Interval Betw Onset and De
shock, or heart fellure. Li IMMEDIATE CAUSE (Finel	omplications that could be cou	aused the death. D	o not enter	olo the mo	REISTERS	MOT		BALT		Approximate Interval Betw
shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition	omplications that co list only one cause C Q DUE TO (OF	aused the death. Don each line.	Do not enter	olo the mo	REISTERS	MOT		BALT		Approximate Interval Betw
shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	DUE TO (OF	aused the death. Don eech line. n ca of	Do not enter THE OF):	olo the mo	REISTERS	MOT		BALT		Approximate Interval Betw
shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OF	aused the death. Done each line. If the effective from the from t	60 not enter	OlO the mo	REISTERS	TOWN	rdiac or real	BALTY piratory ar	reat,	Approximate Interval Betw Onset and Do
shock, or heart feilure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions AJHP	DUE TO (OF	aused the death. Done each line. If the effective from the from t	60 not enter	O1O r the mo	REISTERS	Part I.	24a. WAS A PERFC	BALTY piratory ar	reat,	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
shock, or heart feilure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other significent conditions A J H P 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OF DUE TO (OF CONTributing to de	aused the death. Don each line. If CA & F R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE Bath but not resulting	60 not enter	olo the mo Pam a nderlyin 26. Pi	REISTERS de of dying, suc	Part I.	24a. WAS A PERFC 1 YES	BALTY piratory ar	reat,	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
shock, or heart feilure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other significent conditions A J H P 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO	DUE TO (OF DUE TO (OF CONTributing to de	aused the death, Done each line. If CAL & F R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE Bath but not resulting	E OF): E OF): OTHURA A OTHURA	Olo The mo	REISTERS de of dying, success g cause given in LACE OF DEATH (C)	Part I.	24a. WAS A PERFC 1 YES	BALTV piratory ar N AUTOPSY PRMED? 2 □ NO	24	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
shock, or heart feilure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditiona A J H P 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OF DUE TO (OF CONTributing to de	aused the death. Done each line. If CA & F R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE RAS	60 not enter	nderlyin 26. Pi R: rsing Hon	REISTERS de of dying, suc	Part I.	24a. WAS A PERFC 1 YES	BALTV piratory ar N AUTOPSY PRMED? 2 □ NO	24	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
shock, or heart feilure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other significent conditions A J H P 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO 27. MANNER OF DEATH	DUE TO (OF DUE TO (OF	aused the death. Done each line. If the second sec	E OF): E OF): TIME OF INJURY	nderlyin 26. Pits raing Hon 28. IN.	g cause given in	Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 NO I INJURY OC	24	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
shock, or heart feilure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions A J H P 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OF DUE TO (OF	aused the death, Done each line. If CAL of F R AS A CONSEQUENCE R AS	OO not enter E OF): E OF): E OF): OTHER OF INJURY M rm, street, fac	nderlyin 28. P	g cause given in LACE OF DEATH (C/	Part I.	24a. WAS A PERFO 1 VES OF TOWN, State outse(a) and m	NAUTOPSY PRIMED? 2 NO r INJURY OC cand Number	24	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
shock, or heart feilure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other significent conditions A J J P 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	DUE TO (OF DUE TO (OF	aused the death, Done each line. If CAL of F R AS A CONSEQUENCE R AS	OO not enter E OF): E OF): E OF): OTHER OF INJURY M rm, street, fac	nderlyin 28. P	g cause given in LACE OF DEATH (C/	Part I.	24a. WAS A PERFO 1 VES OF TOWN, State outse(a) and m	N AUTOPSY PRMEO? 2 NO INJURY OC	24 CCURED or or Rural sted. The cause TE SIGNE	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do



10a. STATE

MD

4. SOCIAL SECURITY NUMBER

10e, STREET AND NUMBER

11. MARITAL STATUS

216-12-6049

CHURCH HOSPITAL

9e. FACILITY NAME (If not institution, give atreet and number)

528 N. Belnord Ave.

10b. COUNTY

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

BALTIMORE

101 ZIP CODE

Baltimore

Franklin W. Lee Sr.

70

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES

6. AGE (in yrs. last birthday)

5. SEX

1 M 2 F

DIRECTOR

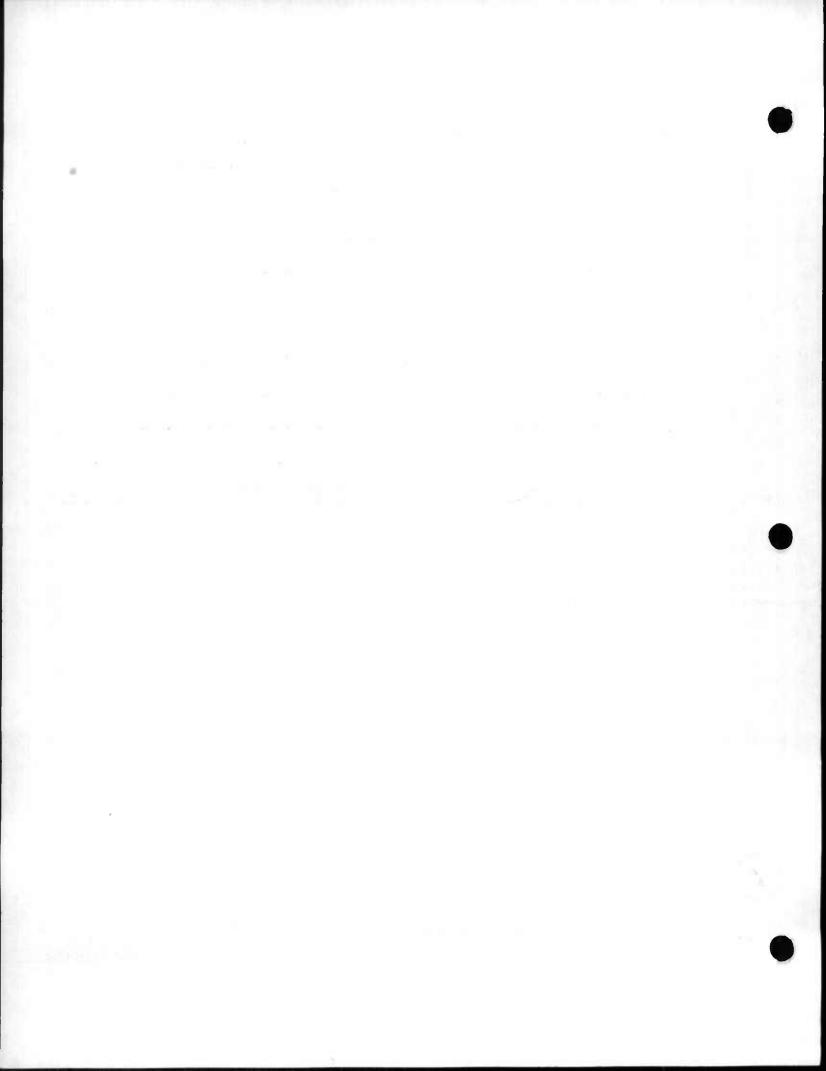
FUNERAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

5-0020 nding physici	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2XXNO	II yes, s	pecify Cuben, Mexic S 22 XNO Spec	an, Puarto F	? (Specify Yes or litican, etc.)	
or atte	ETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT	S USUAL OCCUPATE work done during muse retired.)	ION ost of working	18b.	KIND OF BUSINE	
	COMPL	NA	NA	Exte	rminator	•		Self-E	
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE COI	17. FATHER'S NAME (First, Middle, Last) Clarence Joh	n Lee					Maiden Surr Livia Tr	
	TO B	19a. INFORMANT'S NAME (Type/Print) Anna M. Forsyth	e (Friend)			and Number or Rural	Route Numb	er, City or Town, St	
		209 METNOD OF DISPOSITION 1 Description 2 Cremetion 3 Rev 4 Oonation 5 Other (Specify)	noval from State	Ob. PLACE AND DATE	OF DISPOSITION (No		DATE	7	
death. Pe funeral		21. SIGNATURE OF FUNERAL SERVICE-L	WD C	>	Schim 3331	ND ADDRESS OF E unek Fur Brehms I	eral	Homes, Baltimo	
RDS, P.O. BOX 68760, at the death certificate be executed within 24 hours by the attending physician and completely filled in I and Mental Hyglene prior to burial, cremation, or re y Injury, or other traumatic event, the med	ICAL CERTIFICATION	23. PART i. Entar the dleaasee, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially liet conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST PART II. Other aignificent conditions.	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS	A CONSEQUENCE O	Pell (per Jan per	Par CI	um -		
DIVISION OF VITAL RECO DR ATTENDING PHYSICIAN: The law requires th DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health Item 28 is marked, or Item 23 shows an	HYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER: 4 Nursing Non	LACE OF DEATH (C)			
ON OF DING PHYSI After this c death with	ВУ РН	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY			28d. DESC	8d. DESCRIBE HOW INJUR	
DIVISION DR ATTENDING DIRECTOR: After nours after death tem 28 is ma	ETED	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, ecify)	etraat, factory, offic	•	28f. LOCA City o	TION (Street and A r Town, State)	
DIV DIVERSION OF A DIVERSION	2 MEDICAL EXAMINI	ICIAN: To the best of my know	wiedgs, death occurr on and/or investigation	ed at the time, data on, in my opinion, d	and place, and due	to the caus	e(a) and manner and place, and du		
	O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	0,00, 21)		29c. LICENSE NU	MBER	290	
		30. NAME AND ADDRESS OF PERSON WH		STO A)		· D/0	セナ.	HD	

REG. NO 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 92 10:30pm IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) Jan. 1921 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d, INSIDE CITY XX YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 21205 U. S. A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

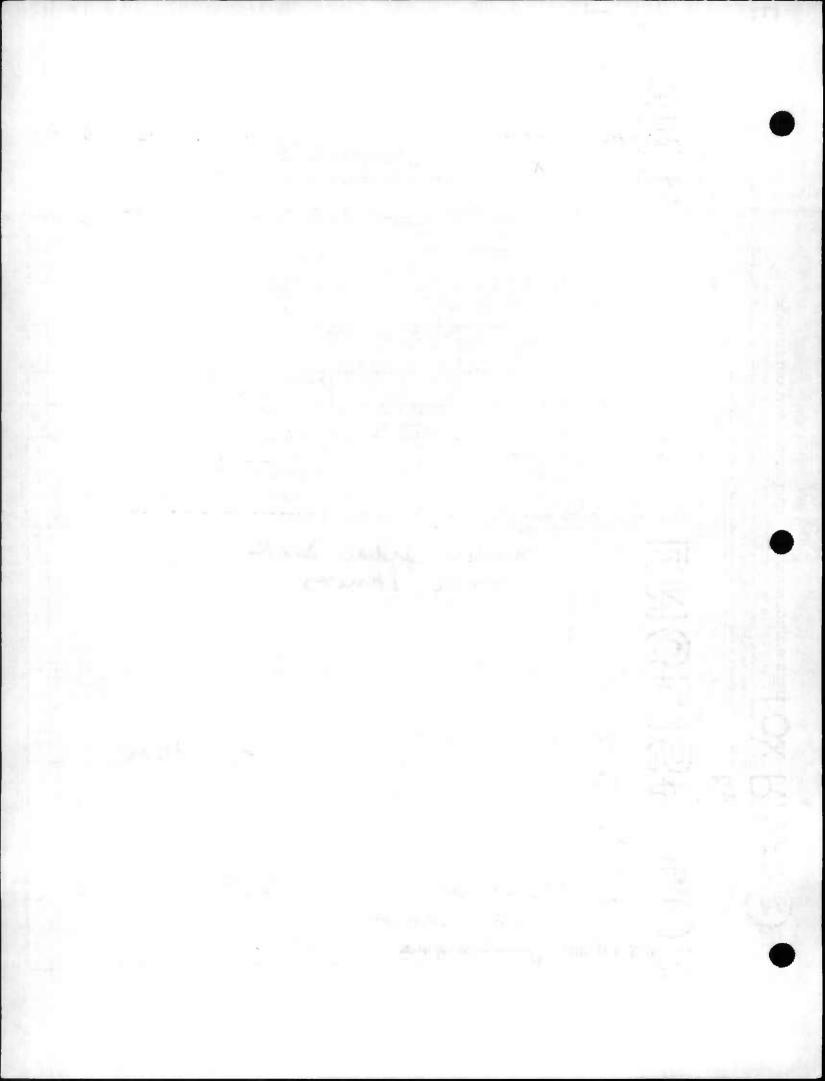
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: White BUSINESS/INDUSTRY f-Employed en Sumame) Travis own, State, Zip Code) Md. 21205 LOCATION - City or Town, Stata altimore, Md. s, Inc. imore, Md. 21213 piratory arrest, Approximata interval Between Onset and Death AN AUTOPSY ORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 2 🗌 NO 1 YES 2 NO INJURY OCCURED and Number or Rural Route Number, enner as stated. and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month) Day, Year) 19



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. 1	NO.		
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
ISAAC	LAM					6 9	2	6400
4. SOCIAL SECURITY NUMBER	5. SEX 8	L AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
105-62-2094	1 M 2 🗆 F	91 YRS.	MONTHS DAYS	HOURS MIH.	(Month, Day, Year, 9-12-19		Country) JSSIA
90. FACILITY NAME (If not institution, give	a street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUN		
5900 PARK HEIG		APT. 410		ALTIMORE				
10a. STATE 10b. COU	NTY	10c. CI	TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
MARYLAND			BALTIM					XX YES 2 NO
100. STREET AND NUMBER 5900 PARK HEIGH	תכ אוד או	om 410	3	of. ZIP CODE 2121	5	10g. CITIZ		HAT COUNTRY? JSA
11. MARITAL STATUS	10 WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE		NIC ORIGIN? (Specify	Yee or No-		- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [YES 24 NO	If yes, s		nn, Puarto Rican, etc.)		Black, Specif	, White, etc.
15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S	S USUAL OCCUPAT work done during n	ION	16b. KIND OF	BUSINESS/IND	USTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT	use retired.)	out or working				
6		SA	LESMAN			RETA	TL	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mail			
	LAM				CHAEL	(UNKNO	(NWC	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	end Number or Rural	Route Number, City or	•		
MRS. LANA ZALIV	ANSKY	6705	BAYTHO	RNE RD.,	BALTO.,	MD 2120	9	
20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremetion 3 □ R	amoust from State	20b. PLACE AND DAT	TE OF DISPOSITIO	N (Name	DATE 20c.	LOCATION —	City or To	wn, State
4 Donation 5 Other (Specify)	Intovar nom state	of cemetary, cremator ARLINGTON			7-92	BALTIM		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME	AND ADDRESS OF FA	SOL LI	EVINSON	1 & F	BROS., INC
> (Jan / 11/	New York	110			STOWN RD.			
23. PART Finter the diseases,	my M							Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Sude	DR AS A CONSEQUENCE	rdiac	Dea	the			Onset end Da
Conventiolly list conditions	- a 150	MAIC (1 4000	17				
Sequentielly list conditions, if eny, leeding to immediate	DUE TO (C	OR AS A CONSEQUENCE	OF):					
cause. Enter UNDERLYING CAUSE (Disease or injury	c							
thet initiated events	DUE TO (C	OR AS A CONSEQUENCE	OF):					
resulting in death) LAST	d							
PART ii. Other significent condit	lone contributing to a	leath hut not requiting	a in the condeshi	na sausa aluan is	Don't Dro und	S AN AUTOPSY	245	WERE AUTOPSY FINDI
PART II. Other significent condi-	ions contributing to d	leath but not resulting	, in the underlyi	ing cause given in		FORMED?	240.	AVAILABLE PRIOR TO
					1 🗆 YE	S 2 NO		OF DEATH?
					`		- 1	1 - YES 2 - NO
25. WAS CASE REFERRED TO MEDICAL			_	PLACE OF DEATH (C	heck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	me 5 🗆 Rasidence	6 Other (Specify)	Loto	me	
27. MANNER OF DEATH	28a. DATE OF II	NJURY 28b. TI	IME OF 28c. II	JURY AT	28d. DESCRIBE HO	OW INJURY OCC	CURED	
1 Netural 5 Pending	(Month, Day	y, 198(r) If		VORK7				
2 Accident Investigation 3 Suicide 6 Could not	28e, PLACE OF	INJURY — At home, farm			26f. LOCATION (St	reet and Number	or Rural F	Route Number
4 Homicide 6 Could not determine	building, a	tc. (Specify)	The Control of the Co		City or Town, S	itate)		E-90
29a. CERTIFIER	Wall to the testine	A F 1 2/10 - 1/4 - 1/4 -	U. C. Santa	Silvaine			S	
(Check only	IYSICIAN: To the best of n IINER: On the basis of axi) and menner as state
29b. SIGNATURE AND TITLE OF CANTO				29c_LICENSE NL				(Mosth, Day, Year)
	110121	C		D35	655	290, DAII	177	150
4	· · · ·	Y		100)	60		111	112
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	E OFWEATH (ITEM 27) (7)						
	OPE		217					
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	r's SIGNATURE						
A LONG BULL LA LA LA LA LA LA LA LA LA LA LA LA L	- 1-4 Parket	A PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED I						



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	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTI	MENT OF H	EALTH AND !	MENTAL HYGIEN	IE			
	1. DECEDENT'S NAME (First, Middle, Last)		02.111.110	AIL OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In VI)	: last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	1-9-9	2	1400 M		
	215-16-0103	1 XM 2 DF 80		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Morth, Dey, Year)	- 1	BIRTNPLACE (State or Foreign Country)		
_	9a. FACILITY NAME (If not institution, give str	eet and number)	9	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	Maryland of DEATH		
D P	HONES H	0501tal		Bali	tmore Ci	ty	Bali	tmore		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATION	ON			10d, INSIDE CITY		
	Maryland Bali	tmore	Ar	butus				LIMITS?		
FUNERAL	100. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
SNO	1217 Poplar Avenu	12 WAS DECEDENT EVED IN II C	ARMED	13. WAS DECE	21227	IC ORIGIN? (Specify Ye	US			
B	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	⊠ио	ff yea, spec	cify Cuban, Maxicar	, Puerto Ricen, etc.)	14.	RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16a	DECEDENT'S US	UAL OCCUPATION	N t of working	16b. KIND OF BU	SINESS/INDUST	White		
Ë	Elementary/Secondary (8-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)						
OMI	0-10th 17. FATNER'S NAME (First, Middle, Last)		Fork Li	ft Oper		Mfg ME (First, Middle, Maiden	Summer			
BE C	George Lomp					Frenk 1	Surrame)			
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and	d Number or Rural A	oute Number, City or Tow	n, State, Zip Coo	io)		
-	Alma G. Lomp		121	7 Poplar	r Avenue	Arbutus.	Maryla	and 21227		
	1 Burief 2 Cremation 3 Remov	mil from State compton	CE AND DATE OF D	placel			CATION — City	and the same of th		
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEL	CINOLE	22, NAME AND	ADDRESS OF FAC			Maryland		
	10	(=	300			eral Home, r Spring H		227		
	23. PART I. Enter the diseases, or co	mplications that caused tha at only one cause on each i	death. Do not	anter the mod	e of dying, auch	sa cardiac or respi	iratory arrest,	Approximsta		
1	IMMEDIATE CAUSE (Final disease or condition	Q. s.	· ·					interval Between Onset and Death		
	resulting in death)	DUE TO (OR AS A CON	SEQUENCE OF:							
Z	DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF	u	_					
ERT	reaulting in death) LAST									
O	PART ii. Other eignificant conditions	contributing to death but no	ot resulting in t	ha undariving	cause alven in E	Part I. 24s. WAS AN	иговоч Т			
MEDICAL				arrownly mig	oudse given in r	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
MEC						1	XNO	OF DEATN?		
HYSICIAN:		SPITAL:	01	28. PLA	CE OF DEATN (Chec	ck only one)				
НХ	27. MANNER OF PEATH	Inpatient 2 ER/Outpatient	26b. TIME OF	F 28c. INJUI	5 Rasidenca 6	Other (Specify) 28d. DESCRIBE NOW II	A HIBY OCCUPE	in.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	YRULMI	WOR	K? S 2 NO		WONT GOODILE			
60	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atree	t, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,		
	200 CERTIFIED									
COMPL	(Check only The CEHTIFYING PNYSICIA	AN: To the beat of my knowledge, on the basis of examination and/	desth occurred at	t the time, date as	nd place, and due to	o fhe cause(a) and man	ner se stated.			
	29b. SIGNATURE AND TITLE OF CERTIF	0	or investigation, in		THE LICENSE NUMBER					
O BE		ranahor	na		D 219	128	DMI. DATE SIG	19/97		
10	30. NAME AND ADDRESS OF PERSONAMINO	COMPLETED CAUSE OF DEATH	TEM 27) (Syon, Phy	7 11	0 110	111	11	12100		
	31. DATE EILED (Manth CDay, Van)	BHLAK	ONF	TH	1),110	Maid	tu h	oice La die		
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BALTIMORE, MARYLAND 21203-3146	fter death. Page 6 may be retained by the hospital or attending physician.	ner
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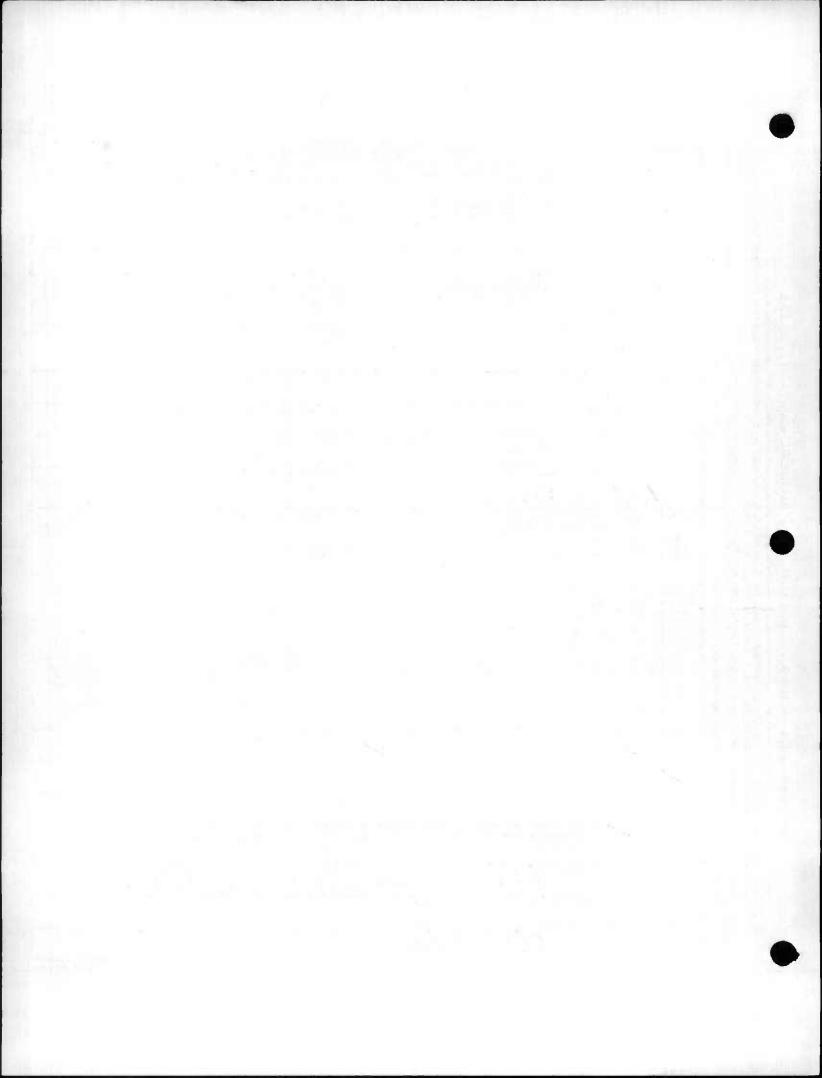
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BALTIMORE, MARYLAND 212	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x flows after death. Page 6 may be retained by the hospital or:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	PITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	HI
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FOR STATE REGISTRAR	STATE OF MARY		ATE OF DEATH	REG. NO).	00426
1. DECEDENT'S NAME (First, Middle, La	AMALIE	T.TERET		2. DATE OF DEATH MONTH	MY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-74-2074	5. SEX 6. AGE	E (In yrs. last birthday) YRS. Wor	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOUNS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-5-97	8. 8	BIRTHPLACE (State or Foreign Country) Germany
9a. FACILITY NAME (If not institution, git RIVERVIEW NUI RESIDENCE OF DECEDENT	RSING CENTR		BALTIMORE.		9c. COUNTY	
10a. STATE 10b. COU			own on Location ltimore			10d. INSIDE CITY LIMITS? 1 YES 2 M ND
100. STREET AND NUMBER 1 Eastern	Blvd.		101. ZIP CODE 21221		U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YES	S 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 VES 2 NO Speci	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Home 1	done during most of working tired.)	16b, KIND OF BU	SINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maide	Surname)	
EDward Lt	uette	Less MARINO AN		melie	Gel	
Filomena	Matlick	The state of the s	oness (Street and Number or Rura rook Avenue Ba			•
20a. METHOD OF DISPOSITION 1 Burlal 2 To Cremation 3 F 4 Donation 5 Other (Specify)	2	0b. PLACE OF DISPOSITION other place)	ON (Name of complexy, crematory or the Cemetery		DCATION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	4	Greenmoun	22. NAME AND ADDRESS OF F		6415 Be	more,Md.
23. PART i. Enter the diseases,	or complications that caus	ed the death Do not	John C. Mill			
23. PART i. Enter the diseases,	or complications that causure. List only one ceuse on	ed the death Do not each line.	enter the mode of dying, su		piratory arrest,	
23. PART I. Exter the diseases, shock, or heert fellu IMMEDIATE CAUSE (Final disease or condition	or complications that causure. List only one ceuse on a	each line.	enter the mode of dying, su	ch as cardiec or resp	piratory arrest,	Approximate interval Between
23. PART i. Enter the diseases, shock, or heert feliu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	enter the mode of dying, su	n Part I. 24s. WAS A	N AUTOPSY PRIMED?	Approximate interval Between
23. PART i. Enter the diseases, shock, or heert fellu iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF):	enter the mode of dying, su LACAY +	n Part I. 24s. WAS A PERFC	N AUTOPSY PRIMED?	Approximate interval Between Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset en
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23. PART I. Enter the diseases, shock, or heert fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of t	DUE TO (OR AS DUE TO (OR AS	each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): B A CONSEQUENCE OF): During tion to resulting in to the consequence of th	enter the mode of dying, su A CA V + CA V + THE CA V + 28. PLACE OF DEATH (CA CA CA CA CA CA CA CA CA CA CA CA CA C	n Part I. 24a. WAS A PERFC 1 YES Check only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) 4 to the cause(s) and make time, date and place, or	N AUTOPSY PRIMED? 2 ND INJURY OCCUR anner as stated. and due to the co	Approximate interval Between Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset end De Onset en

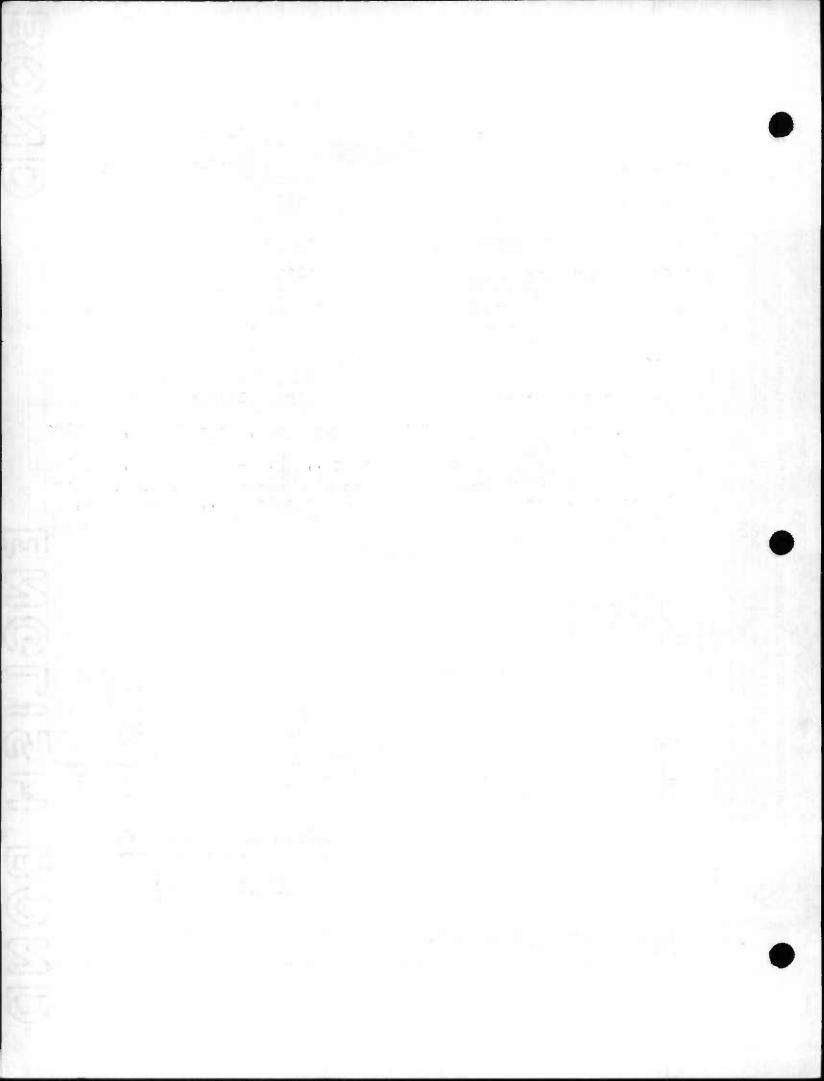




TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM			ENTAL HYGIEN	E	
	vieve Beck L	iles			2. DATE OF DEATH DATE OF 01-04-9	^Y 2 YE	3. TIME OF DEATH 11:57p
4. SOCIAL SECURITY NUMBER 219-26-7560 98. FACILITY NAME (If not institution, give	1 M 2 X F	5 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Mapth, Day, Ybar) 04-26-1	906 V	
Frederick Vil		1		nsville	IN		ltimore
Maryland 106. COUR	Baltimore	10c. CITY, To		nsville			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
2029 Norhurst	Way		101.	21,228		10g. CITIZEN	USA
11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	NDENT OF NISPANIC city Cuben, Mexican, 2 NO Specify:	C ORtGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	ide completed)	6a. DECEDENT'S USE (Give kind of work life. Do NOT use re	done during mos		16b. KIND OF BUS	SINESS/INDUSTI	RY
11th	College (1-4 or 5 +)	Home	maker			Ноз	me
17. FATHER'S NAME (First, Middle, Last) Edward Howard	Pninos				E (First, Middle, Maiden		
19a. INFORMANT'S NAME (Type/Print)	FLINCE	19b. MAILING AD	ORESS (Street ar		Elizabe		
Louis H. Redd	Like the second of the	2028	Norhu	rst Way	, Caton	sville	e, MD 2122
20g. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	Me	PLACE AND DATE OF	DISPOSITION	Name	OATE 20c 10	CATION - City	
George E.	DICENSER July		MacNa MacNa	abb Fun	eral Hom	e, P.	A. 21228 sville, MD
23. PART I. Enter the diseases, of ahock, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only ona ceuse on each a. Due to (or as a c	th line.	entar tha mod	le of dying, such	aa cardlac or reap	ratory arrest,	Approximate Interval Betwee Onset and Date
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. DUE TO (OR AS A C						
PART II. Other algnificant condition	iona contributing to death but	i not reaulting in t	he underlying	ceuse given in F	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (X) NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)		
EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpatient 2 ER/Outpat		THER:	5 🗆 Residence 8			
27. MANNER OF DEATN 1 (X) Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME O		RK?	28d. DEŞCRIBE NOW I	NJURY OCCURE	ED
3 Suicide 6 Could not 6	28e. PLACE OF tNJURY - building, etc. (Specify	At home, farm, stre	et, factory, office		261. LOCATION (Street City or Town, State)		tural Route Number,
onel	YSICIAN: To the best of my knowled						use(a) and manner es stated
295- GOONSTURE AND TITLE OF CERTIF			,	29c. LICENSE NUM	BER		SNED (Minth, Day, Year)
M NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	int)	.,,,,,,,	<u> </u>	1//	110
31. DATE FILED (MONTH, Day Year)	J. 32. MEGISTRAR'S SIGNAT	752					



HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ite Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	d, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic

	FOR	STATE OF MAR	RYLAND / DE	PARTMENT	OF H	FAITH AND	MENTAL	n AGIÈN	92	G (0428
	1 - STATE REGISTRAR			TIFICATE				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Hatti	e Magget					2. DATE OF MONTH	DEATH DA		YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birti	MONTHS	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I				IPLACE (State or Foreign
	216-28-3830		93 Y	RS.			4 -	29-1		Sou	th Carolina
~	9a. FACILITY NAME (If not institution, give		2 7			R LOCATION OF D	EATH		9c. COUN		
5	Kenesaw Nursing	g Hm. 2601	Roslyn	Ave E	<u>}alt</u>	imore			B	alti	more
DIRECTOR	10a. STATE 10b. COUNT	TY	10	c. CITY, TOWN OR	LOCATI	ION					10d. INSIDE CITY
	Md. Ba	ltimore		Balt	:imo	re				Ì	LIMITS? 1 X YES 2 NO
₹ Z	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZ	EN OF W	YHAT COUNTRY?
FUNERAL	408 Mt. Holly	7	altimore		2	21229				U.S.	A
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 \(\subseteq \)	ER IN U.S. ARMED	1	AS DECE	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yea	or No-	14. RACE	- American Indian, c. White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES T	1 [YES	2 NO Specif	y:	H14, M50-7		Specif	
	15. DECEDENT'S EDU	UCATION	16a. DECEDI	ENT'S USUAL OCC	MIDATIO	AI .	16b K		SINESS/INDU	·nTmy	DIACK
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kii life. Do l	nd of work done dua NOT use retired.)	ring mos	t of working	100. 10	ND OF BUS	JINESS/INDU	SIRT	
AP.	Therefore and the second	Constant to the contract of	1	House-wi	fe			Dome	estic		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				\Box	16, MOTHER'S NA					
BE	Joe Richards					Leatha					
5	19a. INFORMANT'S NAME (Type/Print) William Meggett	t				klin St					.12L ₂₁₂₂₉
	20a METHOD OF DISPOSITION YA Burlai 2 Cremation 3 Ren		20b. PLACE AND	DATE OF DISPOSIT	ION (Nan	me of	DATE	-	CATION - C		
	1 NABurial 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	Cemetery, cremator	n Park	Cem	etery	1/14	Ва	altimo	re,	Md.
	22. NAME AND ADDRESS OF FACILITY William C. Brown Community Funeral Home										
	71110	rown		W1	111	am C. Br <u>W. Nort</u> h	rown C	ommun	nity F	une	ral Home
	23. PART I. Enter the diseases, or	complications that car	used the deeth.	Do not enter th	ne mod	le of dying, suc	h ae cardia	or respi	ratory srre	st,	Approximate
	IMMEDIATE CAUSE (Finel	. Liet only one ceuse o	n eech line.								Interval Between Onset and Death
	disease or condition resulting in desth)	. / h	Wola	dial		Inda	ret	70M			İ
		DUE TO (OR /	AS A CONSEQUEN	CE OF	1		0	-11	200	_	
NO	Sequentially list conditions, To Atherovicheronic Mean disease										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury that initiated events	e. Due to jon a	AS A CONSEQUEN	CE OFI	U	VIW	W C	100	Coci		(
HT	resulting in death) LAST	Same Control	The state of the s	Thomas.							Ì
CE	710711 011 1111										
AL	PART II. Other significent condition	ns contributing to deet	h but not result	ing in the unde	eriying	cause given in	Pert I. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL							1	YES 2	1		COMPLETION OF CAUSE OF DEATH?
ME											1 YES 2 NO
AN	AS WAS SARE DESCRIPTION TO LEGISLA										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		ACE OF DEATH (Chi					
PHYS	1 YES 2 NO	1 Inpatient 2 ER/O		OA 4 Nursin		5 Residence					
	1 Natural 5 Pending	(Month, Day, Yes		INJURY	WOR	RK?	26d. DEŞCR	IBE HOW IN	NJURY OCCU	PRED	
ВУ	2 Accident Investigation	28e. PLACE OF INJ	IIDV — At home f			ES 2 NO	344 1 00474	*** ****	121	5	
ETED	4 Homicide 6 Could not be determined	building, stc. (3	Specify)	mii, street, isotor,	f, Oilles			ON (Street a fown, State)	and Number o	r Hurai m	oute Number,
PLE	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my ki	nowledge, death o	ccurred at the time	e. dete s	and place, and due	to the cause(et end man	Par en states	4	
COMPL		ER: On the basis of examina									and manner as stated.
E C	295 ATGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUM				-	
0	mel	14,11	111			7)/8	77	7	29d. DATE .	1/4	(Morth, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)		1000	20	/		/-	110
	4660 Willed	us Sv	e 1	Balt	7	mol	2/1	229	j	10	
	31. DATE FILED (Month, Day, Year)	To prodynamic (/		-				
- 1	JAN 1 0 1992	32 REGISTRAR'S S	son-Randa	N/R							

DHMH-16 Rev 1/89

1	-	FOR STATE REGISTR	A
	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCH

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEAT	H		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	orietha H. Mo				× 1		2. DATE OF D		19	YEAR 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212–58–7008	1 🗆 M 2 💢 F	GE (In yrs. lest t	birthday) YRS.	IF UNDER I YEAR MONTHS DAYS	IF UNDER :	MIN.	7. DATE OF BI (Month, Day, 12-26-	Year)	_		LACE (State or Foreign
ron	90. FACILITY NAME (It not institution, give st Bon Secours Hospita				Baltimor		N OF DE			9c. COUN	TY OF DEA	
DIRECTOR	100. STATE Md 100. COUNTY			ltimore						Od. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 730 Ashburton Stree			101. ZIP CODE 21216				10g. CITIZEN OF WHAT COUN			X YES 2 □ NO AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	ED	If yes, sp	ENDENT OF	HISPAN	IC ORIGIN? (Spin, Puerto Rican,	ecify Yes o etc.)	city Yes or No— 14. RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give	kind of v	USUAL OCCUPATION Work done during more retired.)	ON est of working		16b. KIND	OF BUSIN	NESS/INDU	STRY	Black
COM	17. FATNER'S NAME (First, Middle, Last)					18. MOTNE	ER'S NAI	ME (First, Middle,	Maiden Su	ımeme)		
BE	Charles Levi Hankins 190. INFORMANT'S NAME (Type/Print)						1 Cre					
2	Thomas Moore				ADDRESS (Street of Lauretta /			loute Number, Cit 11timore,			Code)	
	20ay METHOD OF DISPOSITION 1 [A Burlel 2					DISPOSITION (Name of DATE 20c. LOCATION — City or Towns						7.5
	21. SIGNATURE OF FUNERAL SERVICE LICE		2			F/H We Wabash	est	YLITY	7 1 11 10	T SI CITIC	401 00	79 1 10
CERTIFICATION	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR A	A CONSEQUE	ENCE OF	Ilmon	stde	25	ymes	S4-,			interval Batween Onset and Daath
MEDICAL	PART II. Other significant conditions	contributing to deat	h but not res	uiting 1	n tha underlying) cause giv	van in f		WAS AN AU PERFORME YES 2	ED?	AA CC OI	ERE AUTOPSY FINDINGS RAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
ICIA		HOSPITAL:			26. PL QTHER:	ACE OF DEA	ATH (Chec	ck only one)				
Y PHYSICIAN:	27. MANNER OF DEATN 1 Naturel 5 Pending	1 Inpatient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yea	TY 2	DOA 186. TIME INJ	Nursing Hem OF 28c, INJ			28d. DESCRIBE		URY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, fact building, atc. (Specify)										e Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	AN: To the best of my kr	iowledge, death	occurre	d at the time, date	end plece, e	nd due 1	io the ceuse(s) e lime, date and pi	end manne lace, end d	r es stated	ceuse(s) er	nd manner es stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER					29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yea						
2	30. NAME AND ADDRESS OF PERSON WHO	my isn's	2	-6 C	Print)	rte	1 17	GT. AV	P . 5	2011	u Mar	21215
	JAN 1 0 1992	32 REGISTRAR'S SI	GNATURE POND	22		1	, , ,	, . ,		חרכ	1 111	2 LI C1:2



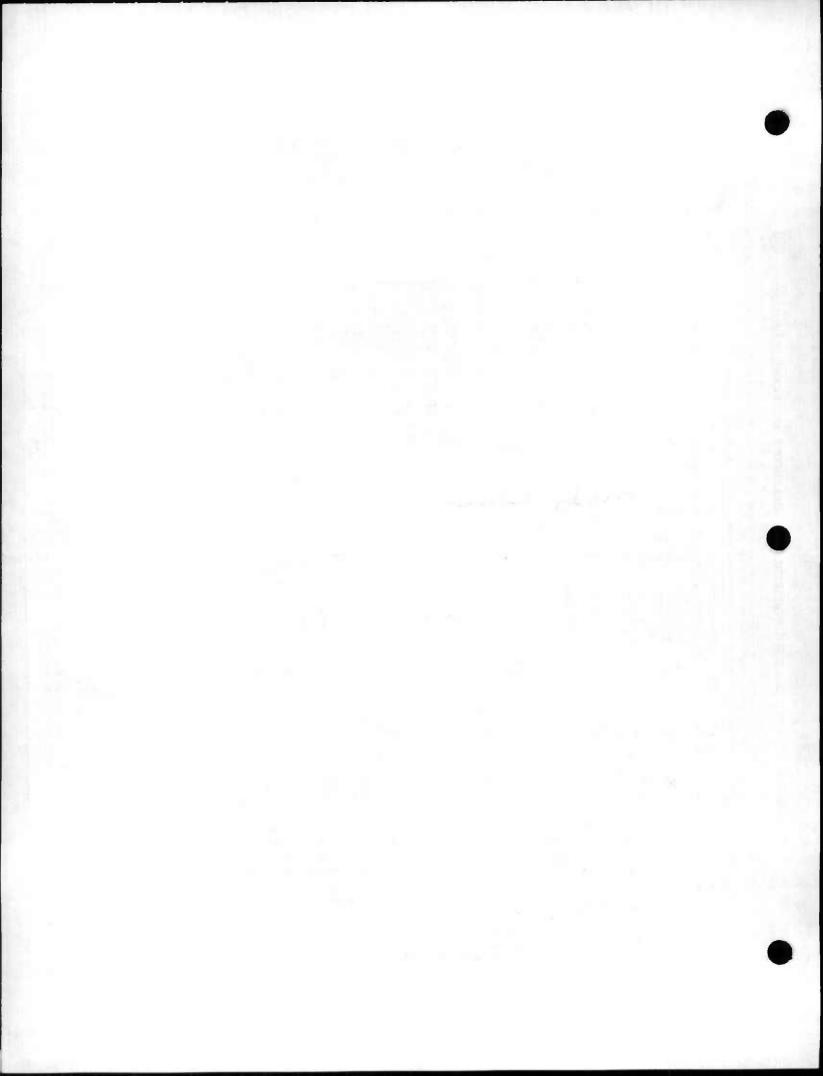
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital	TO THE FUNKBAL DIRECTORA After this centricate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it.	gi
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death.	funera	De lieu winin 12 routs aret ueati with the baste bept, or regul and weitla hybere prior to order, cremation, or removal. IMPORTANT: It from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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withi	nplete	DO HIGH WHITE IT HERE ARE WELL WITH HE STATE DEPT. OF TRAINING MENTAL MYSTERS FIND IN BUTLAT, CREMATION, OF TEMOVAL, IMPORTANTE. IN INOM 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex
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92 00430 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR 1-10-92 Rita MILLER 8:15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 X F 52yrs. 219-26-5987 3/03/39 Pennsylvania 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore Rossville RESIDENCE OF DECEMBER 10 Spital 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Maryland Baltimore 1 YES ZYNO FUNERAL 10s. STREET AND NUMBER 10f ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 5735 Arnhem Road 21206 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES YOU 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 KMarried If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES COMPLETED BY 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) City of Baltimore 12 Telephone Supervisor 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) John Dagilas BE Rita Shellhammer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 5735 Arnhem Road Baltimore, MD. 21206 John Miller 20e. METNOD OF DISPOSITION
1 ◯X Burlel 2 □ Cremetion 3 □ Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 1/13/95) Consider Commercial Control of Cont 4 Donation 6 Other (Specify) Kenwood, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, Inc. 7110 Belair Road Baltimore, MD 23. PART Inter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart traduce. List only one cause of each line. Approximate Interval Batween Onset and Dasth disease or condition_ Metastatic Breast Cancer reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Y□ Inpetiant 2 □ ER/Outpetiant 3 □ DOA 4 ☐ Nursing Nome 5 ☐ Rasidence 6 ☐ Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 26d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicida 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

9000 Franklin Square Dr. Baltimore Md. 21237

D407

32. REGISTRAR'S SIGNATURE JAN 1 0 1992

Meneson

30. NAME AND ADDRESS OF PERSON WHO COMPLE Dr. Frenesa K. Hall

Hall, MD

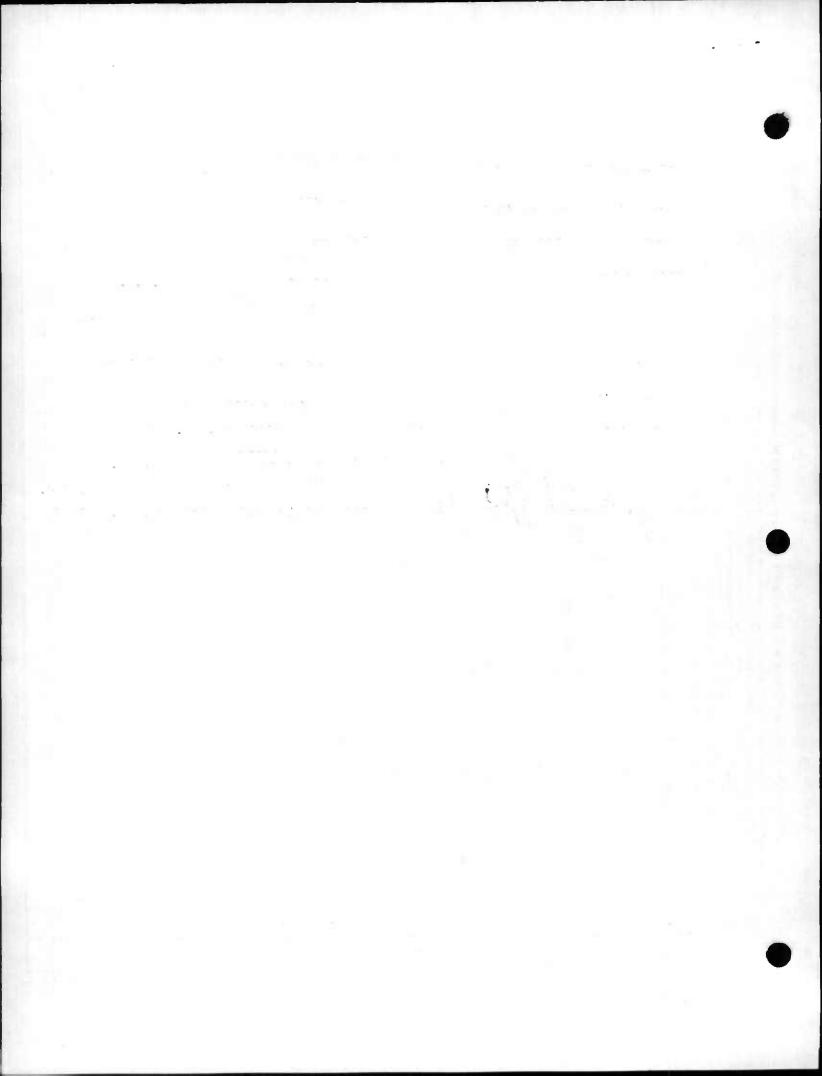
29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

29d. DATE SIGNED (Month, Day, Year)

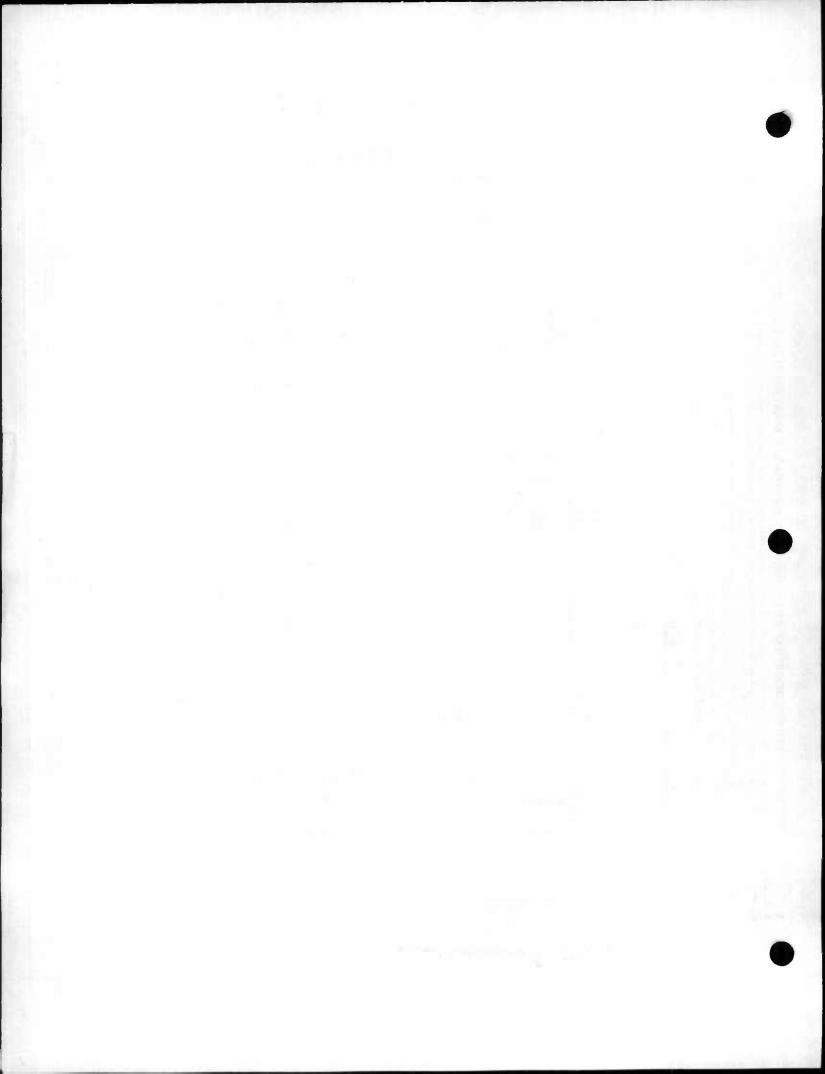
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-0020 ng physician. the burial-transit permit. Pages 1, 2, 3 shoul	
BALTIMORE, MARYLAND 21215-0020 the funeral director, page 5 should be detached for use as the burlait, oval.	aminer must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FLANEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	HIGH LO IS MATKED, OF MEM 23 SHOWS ANY INJURY, OF OTHER DAUMANCE EVENT, THE MEDICAL EXAMINER MUST BE NOUTHED AT ONCE.
DIVISION OF VITA DIVISION OF VITA THE FAVETAL DIRECTOR. After this certificate the fleet within 77 hours after death with the State	IMPORTANT II HERI ZO IS BIARRO, OF HER

	FOR 1 . STATE	STATE OF MA	ARYLAND / DEPA	RTMENT OF	HEALTH AND M	ENTAL UVCIE		00431	
	- REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT J. MILI		2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATH				
OR	4. SOCIAL SECURITY NUMBER 218-18-4062	1 M 2 F	69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 26, 1		BIRTHPLACE (State or Foreign Country) BALTO . MD.	
	98. FACILITY NAME (If not institution, give street and number) 915 REGINA DRIVE				OR LOCATION OF DEA		9c. COUNT	Y OF DEATH	
2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY								
L DIRECTOR	MARYLAND BALTIMORE 10e. STREET AND NUMBER			BALTIMORE			10d. INSIGE CITY LIMITS? 1 YES 22		
FUNERAL	915 REGINA DRIVE				21227		1	U.S.A.	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 D YES 2 NO IF YES, OVER WITH OR DATES			If yes, s	CENDENT OF HISPANIC pecify Cuben, Maxican, S 2X NO Specify:	ORIGIN? (Specify Ya Puerto Rican, atc.)	na or No— 1	4. RACE — American Indian, Black, White, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind o	7	ost of working	16b. KIND OF BU	JSINESS/INDU		
M	12TH GRADE		OWNER	OF REST	AURANT	MILLERS	TAVE	RN	
BE CC	17. FATHER'S NAME (First, Middle, Last) IGNATIUS MILLER				AGNES L	• COBERS			
5	JEFFREY M. ZWERG		EDGAR LANE, VENETIA, PA. 15367						
	1 A Burial 2 Cremetion 3 Removal from State cemetery, cremate			OF DISPOSITION (No other place) CEMETERY		OATE 20c. LOCATION — City or Town, State 1/13 WOODLAWN , MARYLAN			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.						E, MD. 21229		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Liver (Heratz) Failure Due to (or as a consequence of): Metastatz fam cheate dance of the conditiona, if any, leading to immediate course. Enter UNDERLYING CAUSE (Diseases or injury that initisted events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions A PENTAMON LEATURMAN	ath but not resulting	eaulting in the underlying cause given in Part i.			AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 THO The state of DEATH (Check only one) The state of DEATH (Check only one) The state of DEATH (Check only one) The state of DEATH (Check only one) The state of DEATH (Check only one)								
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation				28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCUREO WORK? 1 YES 2 NO				
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)					26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my	knowledge, death occurr instion and/or investigation	red at the time, data on, in my opinion, d	and place, and due to	the cause(s) and mar	nner as stated.	ause(s) and manner as stated	
8	2 MEDICAL EXAMINER: On the beals of examination and/or investignature and Title of Certifier			29c. LICENSE NUMBER D 27556			29d. DATE SIGNED (Month, Day, Year)		
٩	DR. GREGORY TAYLO						2122	1/12	
	31. DATE FILED (MORTH) DON YOUR 1992		SIGNATURE CON-MONTHS	OE, BUILE	ZUU-DALI	LTIUKE, MID	• 2122	- 7	



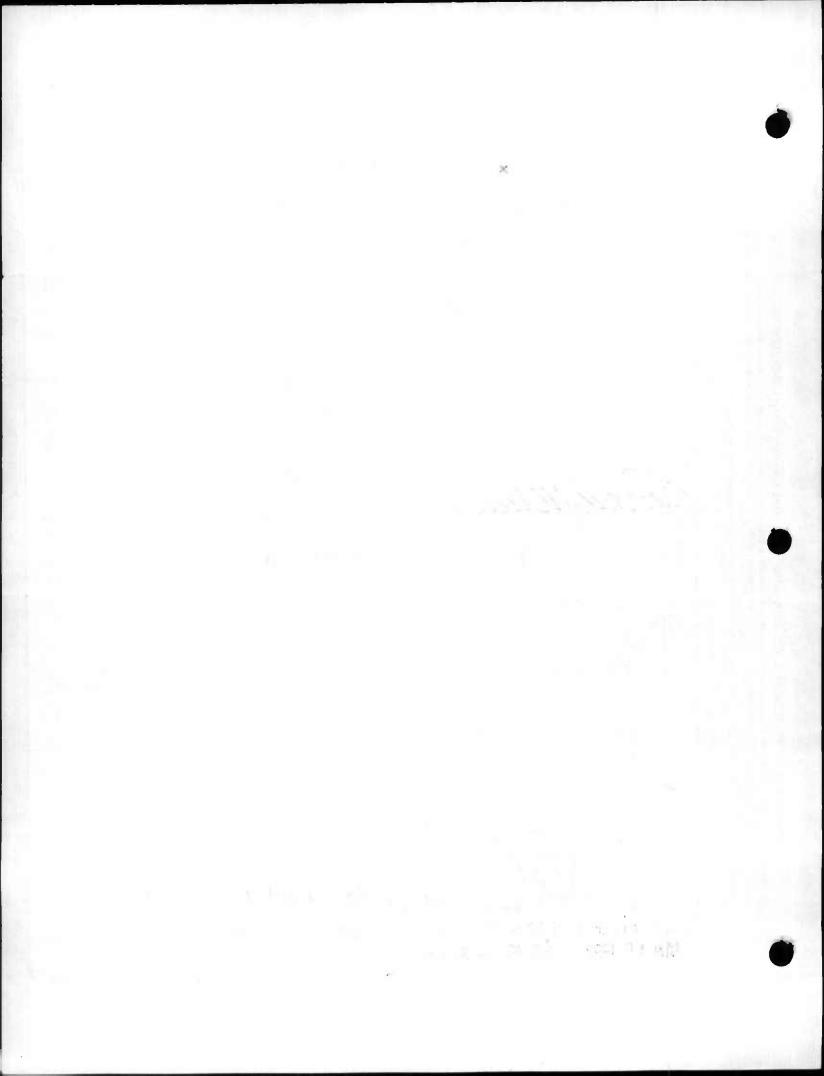
FOR STATE REGISTRAR

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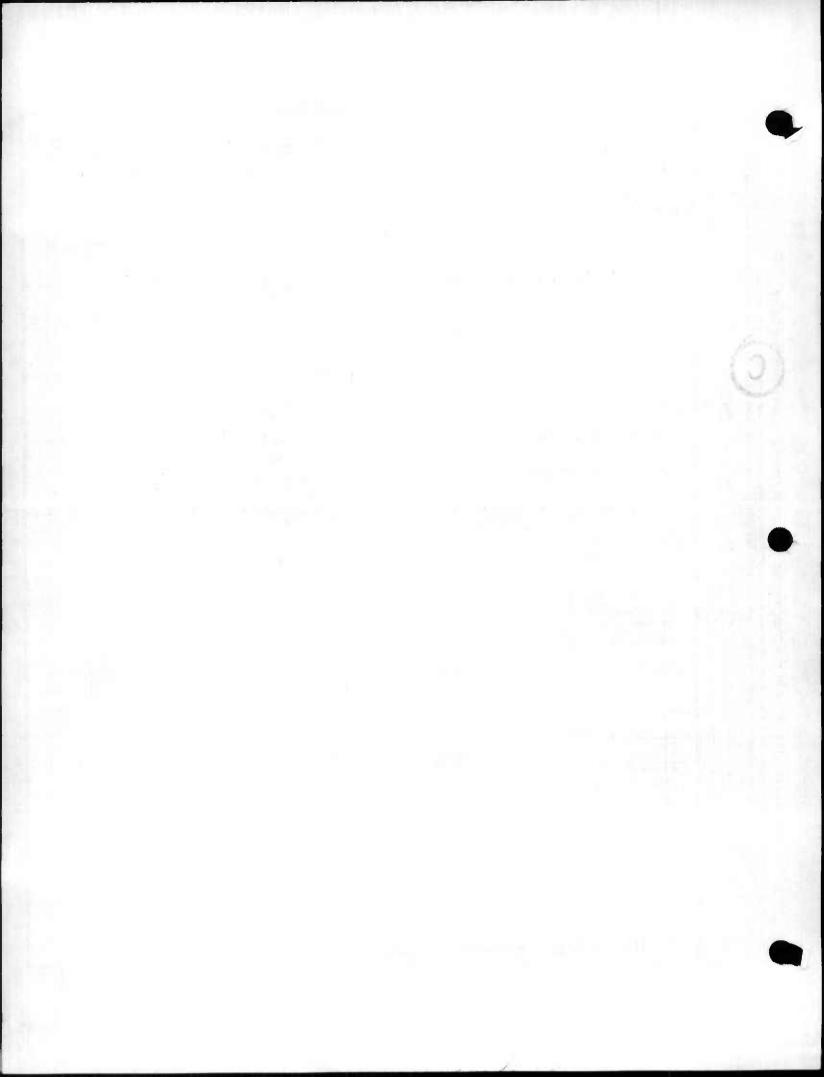
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h
5	OR
_	PITAL

CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH BARBARA IONA MILLER 1-3-1992 10:25 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 1 M 2 M F 218 05 1900 1-5-1917 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Longview Drive Catonsville Baltimore Co RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore County Catonsville permit. 1 1 YES 2 NO FUNERAL 104. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 618 Longview Drive 21228 USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician. noteby filled in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) B 1 TES 2 NO Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Glue kind of work done during most of working no 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 7 George B. Miller Mary C. Boone BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Wise 618 Longview Drive, Catonsville, MD 21228 Sister 99 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE 1 Burial 2 Cremation 3 Removal from State Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir STATE ANTOMY BOARD 1/6/92 655 W. Baltimore St, Balto., MD 21201 removal. medical 23 PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory street, Approximata ahock, or haart fallure. List only one cause on each line. intarval Batween 0 **IMMEDIATE CAUSE (Final** the Onset and Death cremation, disease or condition_ ON -HODGKINS OUE TO (OR AS A CONSEQUENCE OF): THATOMA completely resulting in death) or other traumatic event, the attending physician and corr d Mental Hygiene prior to burlal, CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS and and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any this certificate has been signed with the State Dept. of Health a 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL or item 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA ng Home 5 Rasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Natural death , BY 1 YES 2 NO THE HOSPITAL OR ATTENDING I THE FUNERAL DIRECTOR; After filed within 72 hours after death 2 Accident 28 Is I 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homleide Item 2 CERTIFYING PHYSICIAN: To the by edge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. TO THE HOSPITAL TO THE FUNERAL OF THE MINING 72 HIMPORTANT: If III 2 NEDICAL EX on, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) BE 41 MID 2 LETED CAUSE OF PEATH (ITEM 27) (Type, Print) HPST. AGNES ONCOLOGY DEPT 900 Caton Ave Balto 21229 MD 32. REGISTRAN'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

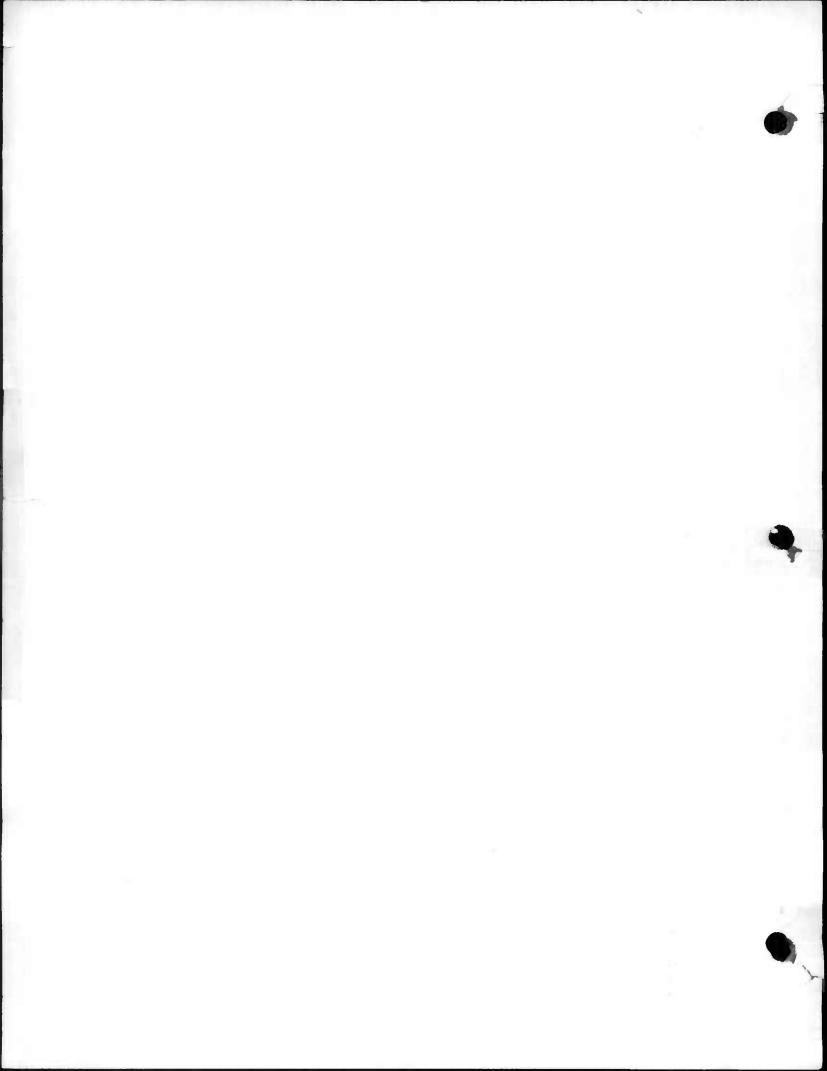


	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT CERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIE REG. N	_					
100	1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest)	ONTGOMERY					3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	1)XM2 🗆 F	VRS. IF UNDER 1	DAYS HOURS MIN.	at a second of the second of t						
TOR	98. FACILITY NAME (If not institution, give street and number) 1224 OAK hurst, Place 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH CITY RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNTY		Mo re	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☐ NO							
FUNERAL	100. STREET AND NUMBER	burst. Place	101. ZIP CODE 2121	10g. CITIZEN OF WHAT COUNTRY?							
BY FUI	11. MARITAL STATUS 1 P Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO II	AS DECENDENT OF HISPA yea, specify Cuban, Mexic VES 2 NO Speci	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify Black				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION tipe (1-4 or 5+)	DECEDENT'S USUAL OCC (Give kind of work done do life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF B	USINESS/INDUS					
M M	12		JANITOR		@ lean	PULL					
8	17. FATHER'S NAME (First, Middle, Last)			A	AME (First, Middle, Maide	n Sumame)					
BE	Devet Mon	Magnery		Flox	INIE El	move	د				
10	Book no Madden 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7123 Rolling bend rd. 21207										
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal Irom State 4 Donation 5 Other (Specify) DATE 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSER 22. NAME AND ADDRESS OF FACILITY USN PenhocyRd, Balt. new 21829										
	23. PART I. Enter the diseases, or o	omplications that caused the	death. Do not antar t			piratory arreat	, Approximata				
	ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. He patic encepholopath										
N	END STAGE LIVER DISEASE										
ICATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	that initiated events resulting in death) LAST	that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
- 11	PART II. Other algolificant condition	a contributing to death but no	ot reaulting in the und	erlying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE				
WED					1 □ YES	2 LJ-NO	DF DEATH?				
ä						\					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES B NO	HOSPITAL: 4 Inpetient 2 ER/Outpetient	OTHER:	26. PLACE OF DEATH (CI							
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	INJURY	6c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
B	2 Accident Investigation	OF DI ACE OF IN HUMAN	М	1 YES 2 NO							
ETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At building, atc. (Specify)	nome, term, atreet, factor	y, office	281. LOCATION (Street City or Town, State	and Number or R	tural Route Number,				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, R: On the basis of examination end	death occurred at the ilm for investigation, in my opi	a, date and piece, end due nion, death occured at the	to the ceuse(s) and ma	nner es atated, nd due to lhe ce	use(s) end manner es stated.				
BEC	296. SIGNATURE AND TITLE OF GERTIFIER) (-	29c. LICENSE NU	MBER		GNED (Month, Day, Year)				
2	Jerance &. O	half mD		D378	103	1-0	6.92				
	30. NAME AND ADDRESS OF PERSON WHO	Ams Lile	rtymod. C	enter Bal	timas M	d.					
	31. DATE FILE JAN T U' 1992	32. PEGIGTRAR'S SIGNATURE	Randell								



TO HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director and the funeral director and the funeral director.	DE MEDINITIER Z. FOUNDS after Deeds with the Case Dept. Or Idean 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E I	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral production of the funeral production of removal	item
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	1 - FOR STATE REGISTRAR	TATE OF MARYL			F HEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	A.K.A			MEDNICK	2. DATE OF DEATN		3. TIME OF DEATH
	De Morton Medn		RTON L.				DAY 92 YEA	7:30 PM
			(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		RTNPLACE (State or Foreign puntry)
	165-18-9272 1 %	M 2 F	70 YAS.		OWN OR LOCATION OF D	9-15-1		ENNSYLVANIA
TOR	Greater Baltimore		enter		altimore			imore
DIRECTOR	10a. STATE 10b. COUNTY	BALTIMORE		Y, TOWN OR	LOCATION SPARKS	S		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	1 🔀 YES 2 □ NO OF WHAT COUNTRY?
E	15014 TANYARD RD.				21:	152		USA
BY FUNERAL	1 News Marriad 2 W Marriad	WAS DECEDENT EVER I FORCES? 1-2-7 YES IF YES, GIVE WAR OR D WWII	2 NO	lt y	S DECENDENT OF NISPA es, specify Cuben, Mexico YES 2 NO Specif	nn, Puerto Rican, etc.)		RACE — American Indian, Bleck, White, stc. Specify: WHITE
<u>a</u>	15. DECEDENT'S EDUCATIO	ON	18e. DECEDENT'S	USUAL OCC	UPATION	18b, KIND OF B	USINESS/INDUSTR	RY .
COMPLET	(Specify only highest grade comp	ollege (1-4 or 5+)			ing most of working	ADEDDO	mi DDOUT	NIC COOLINIOC
MP	17. FATHER'S NAME (First, Middle, Lest)	5+	RESEAF	CH CH		ABERDEE		NG GROUNDS
		EDNITON			18. MOINER'S NA	MOLLIE	MEDNIC	v
BE	HARRY M 19a, INFORMANT'S NAME (Type/Print)	EDNICK	19b. MAILIN	ADDRESS (Street end Number or Rural			
2	MRS. RUTH MEDNIC	ĸ	E 1100		ARD RD., S		21152	,
	20e. METHOD OF DISPOSITION 1 CyBurial 2 Cremetton 3 Removal	20			of cemetery, crematory or		LOCATION — City of	or Town, State
	4 Donation 5 Other (Specify)	MA		ETERA	N CEM. 1-			LLS, MD 21117
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE A						& BROS., INC.
	William	e dur	nson	60	10 REISTER	STOWN RD.	, BALTO.	, MD 21215
	23. PART I. Enter the diseeses, or companded, or heart fellure. Liet IMMEDIATE CAUSE (Final			not enter ti	ne mode of dylng, su	ch es cerdlec or res	ipiratory errest,	Approximate Interval Between Onset and Death
	disease or condition resulting in deeth)	Left Cere	a consequence	ular A	ccident			11 days
NOI	Sequentielly list conditions, if any, leading to immediate	Cardiores	spirator	Arre	st			11 days
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events	DUE TO (OR AS	A CONSEQUENCE (OF):				
ERTI	resulting in deeth) LAST							
	PART II. Other eignificent conditions co	ontributing to deeth	but not reaulting	In the und	erlying ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL				-		V	2 NO	COMPLETION OF CAUSE OF DEATH?
								1 X YES 2 - NO
AN	25, WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	thack only one)		
Sic	EXAMINER? H	OSPITAL:	tostlent 3 DOA	OTHER:	ng Home 5 - Residence			
PHYSICIAN:	27. MANNER OF DEATN 1 💢 Natural 8 🗀 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, T/		8c. INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCURE	ED .
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, stc. (Spo	Y — At home, farm	, street, tector	1 YES 2 NO	28t. LOCATION (Stre City or Town, Str		tural Floute Number,
ETEI	4 Homicide determined					ony or rown, on	stoy	
COMPLETED	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIAN One) 2 🗌 MEDICAL EXAMINER: O							use(e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	John	X MC)	29c. LICENSE NO D3835			SNED (Month, Day, Year)
ТО	30. NAME AND ADDRESS OF PERSON WHO CO	tz, M.D.		oe, Print)				
	31. DATE FILEO (Month), Day, Your)	32. REGISTRAR'S SIG	nature handale					



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	2	2	DE TIED WITHIN 72 HOURS ATTER DEATH WITH THE STATE DEPT. OF HEATH AND MENTAL HYGHERE PROF TO DUTAIL, CREMATION, OF REMOVAL.	Σ

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
_			TILO. IVO.

	HEGISTHAN		C	ERTIF	ICATE (OF DEATH		REG. NO	1		
	1. DECEDENT'S NAME (First, Middle, Las	e)						OF DEATH			3. TIME OF OEATH
	SAMUEL		M	ATKO	DWSKI		O I	06	19	92	8:26 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. ia		IF UNDER 1 YE	AR IF UNDER 24 HR	s. 7. DATE O	E BIRTH	1		PLACE (State or Foreign
	177-18-1201A	1 ▼M 2 □ F	72	YRS.	MONTHS DA	YS HOURS MIN	(Month,	Day, Year)	19	Countr	,, NSYLVANIA
	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TO	WN OR LOCATION OF	F DEATH	30	9c. COUN		
CH	505 W. 28th ST	риит				MORE CI					
5	505 W.28th ST				DALLI	MUKE C.	LIX				
DIRECTOR	10a. STATE 10b. COUN	ITY		10c. CIT	Y, TOWN OR LO	OCATION					10d. INSIDE CITY LIMITS?
	MARYLAND				BALT	IMORE					1 X YES 2 NO
A	10e. STREET AND NUMBER					10f. ZIP CODE	-		10g. CITIZ	EN OF W	THAT COUNTRY?
E I	505 W. 28	th Street				212	11			US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS	DECENDENT OF HIS	PANIC ORIGIN?	(Specify Ya	or No —	14. RACE	- American Indian, , White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 NAR OR DATES	NO	If yes	YES 2 NO Sp	xican, Puerto Ri ecilv:	can, etc.)		Black Specif	
	3 Middwed 4 M Divorced					24				орвен	WHITE
E	15. DECEDENT'S Et (Specify only highest gre	DUCATION de completed)	16a. Ol	CEDENT'S	USUAL OCCUP	ATION	16b.	KIND OF BU	SINESS/INDU	JSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+	life	. Do NOT us	e retired.)	most of working					
N N	9TH		M	ARINE	R						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, Mi	ddle, Maiden	Surname)		
BE (FRANK MAT	KOWSKI				AN	NA PLIC	CENSK	A		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Str	eet and Number or Ru	ral Route Numbe	r. City or Tow	n. State. Zin i	Code)	
2	JOSEPH MATKOW	SKI				STREET,					03
	20e. METHOD OF DISPOSITION				FDISPOSITION		OATE		CATION - C	-	
	1 Donation 5 Other (Specify)	moval from State	cemetery, cre	matory or ot	her place)		1				
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	L GREEN	MOU MOU		ETERY E AND ADDRESS OF	1/10/9	94 B	ALTIMO	JKE,	MARYLAND
	6 600	. Soit	- /			ALAN SEI		FUN	ERAL H	HOME	
	23. PART I. Enter the diseases, or	- rees	16		#XX	* 3818 R	OT.AND	MEMIL	E BAT	OT 1	, MD. 21211
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSECUTION AS	OUENCE OF	Alco	holism					
2		d									-
EDICAL	PART II. Other significant condition	ons contributing to	death but not r	eaulting is	n the underl	ying cause given	In Part I. 2	4s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
음	Asthm	a						XYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
뿔											1 YES 2 NO
z											
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26	PLACE OF DEATH	(Check only one)				
<u>s</u>	1 XYES 2 NO	HOSPITAL:	ER/Outpatlant 3	□ DOA	OTHER:	lome 5 X Residence	a & COther	Sanathi)			
PHYSICIAN: M	27. MANNER OF OEATH	28a. DATE OF I	NJURY	28b, TIME	OF 28c.	INJURY AT			NJURY OCCU	IBED	
BY F	1 Natural 5 Pending	(Month, De	y, Year)	INJU		WORK? YES 2 NO					
	3 Sulpido	280 PLACE OF	INJURY — At ho	me, ferm, at			281 LOCAT	ION /Stmat a	nd Number o	. 0	
卢	4 Homicide 8 Could not be determined	building, a	tc. (Specify)	,	,, .	11100	City or	Town, State)	na Number o	r Hurai Ho	ute Number,
9	29a, CERTIFIER		_								
COMPLETED	(Check only 1 CERTIFYING PHY:	SICIAN: To the best of r IER: On the basis of axi	ny knowledge, de amination end/or i	ath occurre	d at the time, on, in my opinion	late and place, and d n, death occured at t	lue to the cause he time, data as	e(s) and man	ner as stated	d. cause(s)	and manner as stated.
BEO	29b. SIGNATURE AND TITLE OF CERTIFIC	ER A A A				29c. LICENSE N					Month, Dev. Year)
	Klennels	As Chu	tems	7		O.C.M					-1992
2	30. NAME AND ADDRESS OF PERSON				Print)	J M	• 11 •		01-	0/*	1774
						СТОББТ	BAITT	MODE	MADE	7 T A 3	ID 21201
	31. DATE FILED (Month, Day, Year)	2 . SEGISTRAR	'S SIONATURE	3 T	T TO IN IN	OIKEEI	DALIL	MOKE	MAKY	LAN	ID 21201
	JAN 1 0 1992	1 . La Davidson	S SHOWATURE OF								



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and the state of t

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1992AR E. **MCCOLLIGAN** Leroy January 7, 6:45 p 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-09-0546 85 MONTHS DAYS 2-11-06 1 X M 2 - F Penna Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rosedale Baltimore County RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Md Dundalk use as the burial-transit permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 814 N. Point Blvd 21222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY for ntary/Secondary (0-12) College (1-4 or 5+) 9 th Beth Steel detached Steelworker once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) page 5 should be Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Balt., Md. 21222 814 N. Point Rd. Anna R. McColligan pe 20a METHOD OF DISPOSITION

1 A Burlel 2 Cremetion 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State funeral director, 1/10 ···Uak···Icawh ···Cemetery Balt., Md. Donation 5 - Other (Specify) medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7110 Sollers pt. Home of Dundalk Rd. Balt, Md 21222 Pt. onnell 0 in by the for removal. 23. PART I. Enter the diseases, or complications that coursed the death. Do not enter the mode of dying, such ea cerdiac or reapiratory arrest, ahock, or heart failure. List only one ceuse on each line. Approximete ō Interval Between has been signed by the attending physician and completely filled Dept. of Health and Mental Hygiene prior to burial, cremation, or IMMEDIATE CAUSE (Final Onset and Death the disease or condition event, ·Aspiration resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): traumatic Bowel Obstruction
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING Possible Sepsis
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury or other that initieted events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2X NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate h with the State [irked, or item 26. PLACE OF DEATH (Check only one) HOSPITAL:
| Inpetient 2 | ER/Dulpetient 3 | DOA OTHER: 1 TES 2 THO ng Nome 5 - Raaldence 8 - Other (Specily) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED marked, XX Natural 5 Pending Investigation DIRECTOR: After the hours after death v ВУ 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28 is COMPLETED 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide item 29e. CERTIFIER
(Check only

1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. FUNERAL (= 2 [MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 29b. SIGNATURE MO TITLE OF CERTIFIER THE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) mo N/A work January 7,1992 23 2 30. NAME AND ADDRESS OF PERSON WAY COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Brigid Baroody MD. 9000 Franklin Square Dr. Balto, Md/ 21237 1 0 1992 32. SENSTHAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death, rage o may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7ewkamo 28 5 Jan 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign MARYLAND DAYS 058-22-0759 1 M 2 F 89 7-10-1902 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 3900 RIES 705 ItimoRR DIRECTOR RESIDENCE OF 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE Itimore 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3900 USA 705 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married YES, GIVE WAR OR DATES Specify: BY WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) (UNKNOWN) LENA RAYMOND LEVIN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DAVID C. LEVIN, M.D. 700 MORRIS AVE. BRYN MAWR, PA 19010 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremation 3 □Xemoval from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE ° RIVERSIDE 1/8/92 ROCHELLE PARK, NJ 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
SOL LEVINSON & BROS., INC. Ellensi Mag 6010 REISTERSTOWN RD., BALTO., MD 21215 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate ehock, or heart feilure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** Sudda dP disease or condition (undlace resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 9-49-4 CACACA CERTIFICATION Sequentially list conditions, if eny, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF) ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 10 4 ☐ Nursing Home 5 Mesidence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1- Natural М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner se stated. 29b. SIGNATURE AND TITLE OF CERT 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

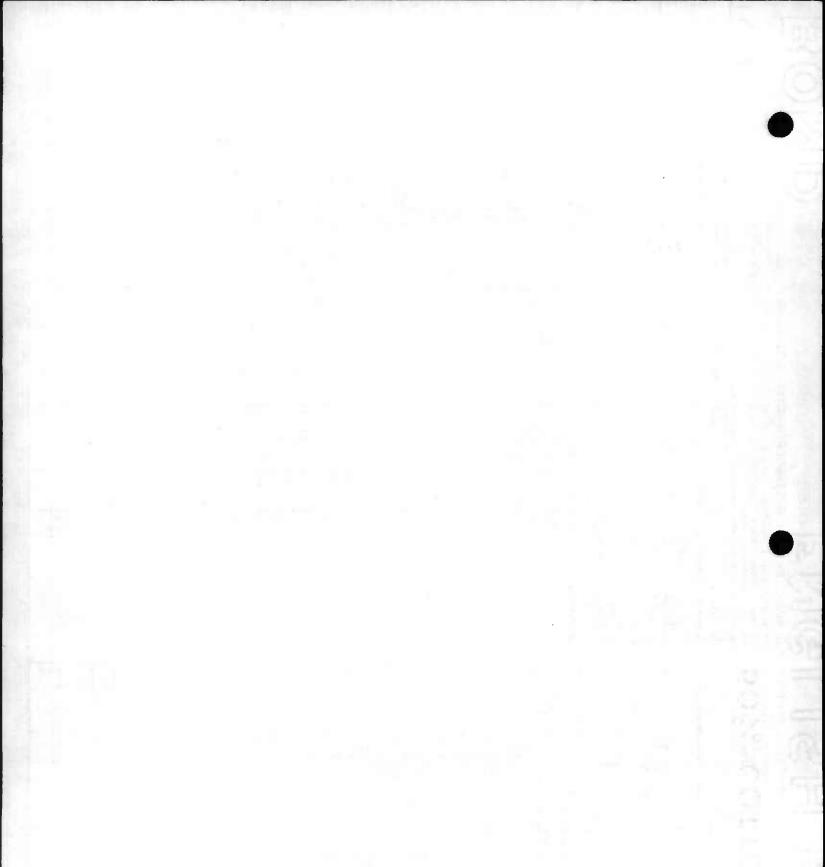
32. HEGISTRAR'S SIGNATURE

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YEAR

9c. COUNTY OF DEATH

Balitmore

USA

10g. CITIZEN OF WHAT COUNTRY?

Specify:

3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 TES 2 NO

White

Virginia

REG. NO.

2. DATE OF DEATH DAY Aaron H. PARKER 01/09/92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🔯 M 2 🗍 F MONTHS DAYS HOURS 224-07-8603 80 YRS 05/13/11 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR St. AGnes Hospital Balitmore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Baltimore Highlands FUNERAL 10e. STREET AND NUMBER 10t. ZIP COOF 3865 McDowell Lane 21227 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarlo Rican, atc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION sectly only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY detached for Elementary/Secondary (0-12) College (1-4 or 5+) 0 - 12Painter Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be notified at Clyde Parker BE 19a. INFORMANT'S NAME (Type/Print) 2 Helen L. Parker 9 20a. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of must 1 Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) OATE funeral director, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY and completely filled in by the oburial, cremation, or removal. the medical 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ehock, or heert failure. List only one ceuse on each line. MMEDIATE CAUSE (Fine) disesse or condition Afheroselerotic Coronary Artery disease reaulting in deeth) event, RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to if sny, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted evente reaulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL been signed by to pt. of Health and 1 апу Insulin dependent diabetes mellitus shows has be Dept. 23 si PHYSICIAN: **DIVISION OF VITAL** 25. WAS CASE REFERRED TO MEDICAL EXAMINER? this certificate h Item 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 □ Nursing Home 5 □ Realdenca 8 □ Other (Specify) 1 YES 2 NO 1 Inpatiant 2 I ER/Outpatient 3 I DOA 6 27. MANNER OF DEATH 28s. OATE OF INJURY 28b TIME OF 28c. INJURY AT WORK? Is marked, 1 Natural 5 Pending Investigation DIRECTOR: After the hours after death vitem 28 is mark BY 1 YES 2 NO 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 ho 2 🗍 LE OF CERTIFIER 29c. LICENSE NUMBER BE homasa 9

FOR

STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) 3865 McDowell Lane Baltimore, Maryland 212227 20c. LOCATION - City or Town, State Baltimore-Washington Crem. 1/10/92 Laurel, Maryland Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road 21227 Approximeta interval Setween Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMEO? 1 TYES 2 NO OF DEATH? 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED/(Month, Day, Year) 30. NAME AND AODRESS OF PERSON WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) 12 REGISTRAP'S SIGNATURE **DHMH-16 Rev 1/89**

CERTIFICATE OF DEATH





DHMH-16 Rev 1/89

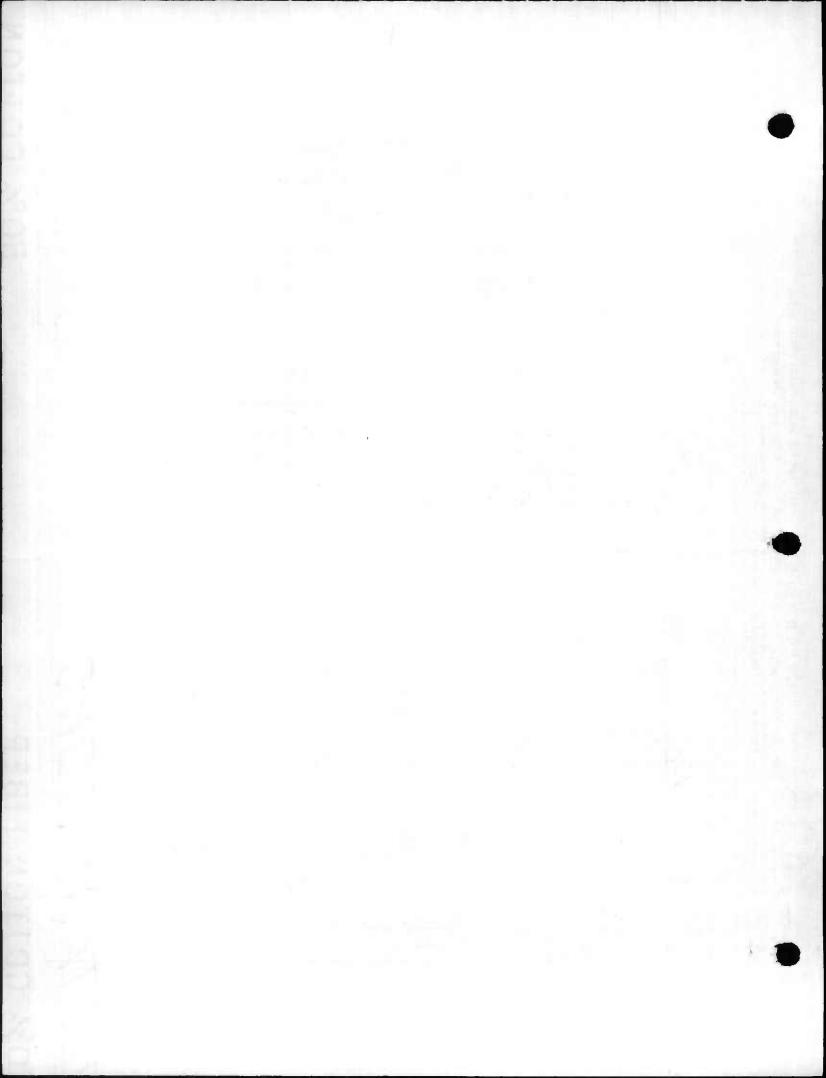
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1. DECEDENT'S NAME (First, Middle, La			4		2. DATE	OF DEATH	MY	MEAD	TIME OF DEATH
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4. SOCIAL SECURITY NUMBER	5. SEX 6	i. AGE (In yrs. lest birthd	MONTHS DAY		(Mont	OF BIRTH		Country)	ACE (State or Foreign
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1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 K IF YES, GIVE WAN World Wa	YES 2 NO	If yes	oecendent of HISP/ a, specify Cuban, Mexic YES 2 XNO Spec	an, Puerto		a or No—	Black, W Specify:	American Indian, mita, etc. White
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COR. METHOD OF DISPOSITION	anu	20b. PLACE AND E		orn Road B			CATION - C		
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BALTIMORE, MARYLAND 21203-3146	TO THE MOSERIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	oval.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed within	and completely	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	natic event, 1
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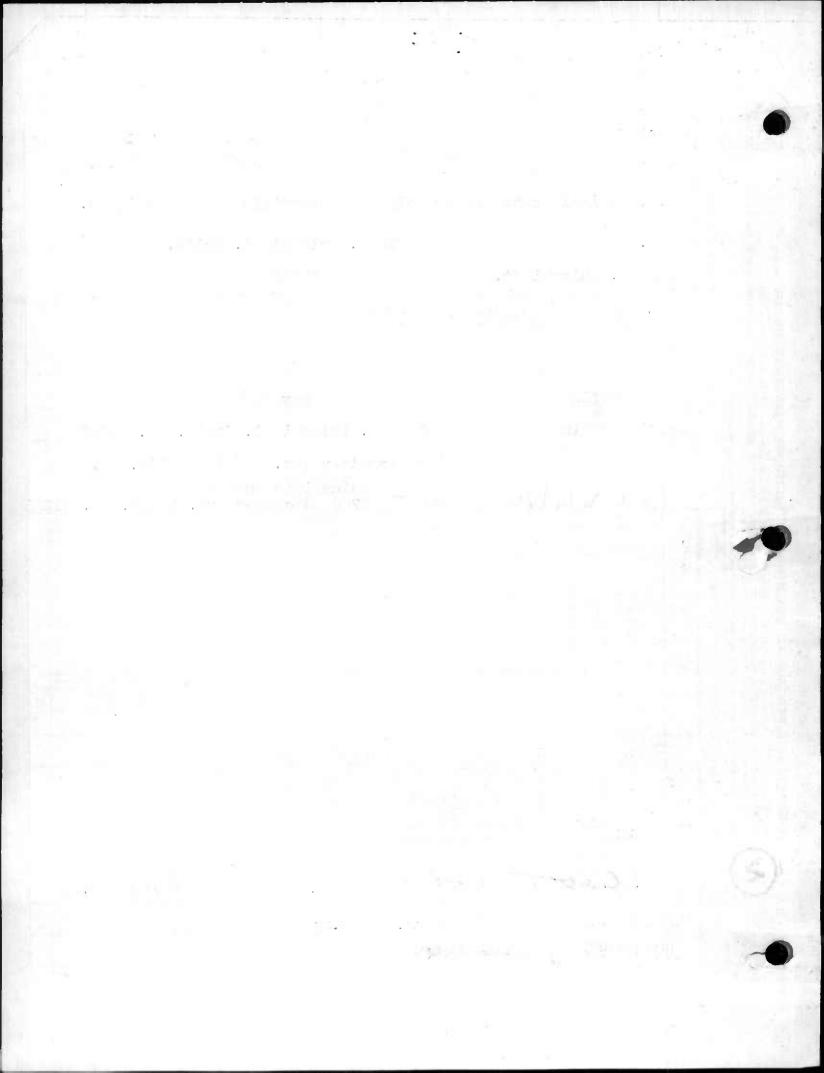
31. DATE FILED (Month, Day, Year)

	1 - FOR STATE REGISTRAR	IAIE UF MARY			F HEALTH AND OF DEATH	MENTA	REG. NO.	E	2 00440
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH
	MARGARET EDITH	REEKTE				MONT	1 0	8 9	72 2000
	4. SOCIAL SECURITY NUMBER 5. S	2427724	(In yrs. last birthday)	IF UNDER 1 Y		7. DATE	OF BIRTH	6	BIRTHPLACE (State or Foreig
	176-10-1761 1 Ge. FACILITY NAME (If not institution, give street a	M 2 X F	76 YRS.		HOURS MIN.		6-1915		Pennsylvania
OR	2229 Old Eastern A			Esse	WN OR LOCATION OF D	EATH			imore
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
DIRECTOR	Md. Baltime	ore		sex					1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 2229 Old Eastern Av	70			10f. ZIP CODE 21221			U.S	N OF WHAT COUNTRY?
S	11. MARITAL STATUS 12.	NAS DECEDENT EVER	IN U.S. ARMED		DECENDENT OF HISPA				I. RACE — American Indian, Black, White, atc.
BY F		FORCES? 1 TYES F YES, GIVE WAR OR		If ye	s, specify Cuban, Maxic YES XX NO Spec	an, Puarto	Rican, atc.)		Specify: White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted)	16a. DECEDENT'S (Give kind of life, Do NOT us	USUAL OCCU	PATION og most of working	16b	. KIND OF BUS		
PLE	Elamentary/Secondary (0-12) Co	lege (1-4 or 5+)		ome Ma			Own Ho	me	
OM	17. FATHER'S NAME (First, Middle, Last)			Ome_ric	18. MOTHER'S N				
	Joseph Merrey				Edith	Fai	wer		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	reet and Number or Rura	_		n, State, Zip C	ode)
2	Stephan A. Reekie		2139	Fireth	orn Rd. Ba	alto.	, Md.	21220	
	20a. METHOD OF DISPOSITION 1	mm State	other place)		of cometery, cremetory or ematory 1			cation — ci	y or Town, State
	21. SIGNATURE OF NUMERAL SERVICE/DICENSE		DΛ	Bra	ME AND ADDRESS OF F	on Fu	neral	Home,	Inc.
_	Cotton of	telas	11/10011	213	34 Willow	Sprin	g Rd.,	Dund	alk, Md. 212
	23. PART I. Enter the diseases, or companock, or heart failure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	A cute	each line.	relra	l hem or		•	ratory arres	Approximate interval Bette Onset and E
ON	Sequentially list conditions, 6. —	DUE TO (OR AS	A CONSEQUENCE O	F):					
CAT	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE O	F):					
CE	DACT II Other clastificant conditions on	-1-11	h . A						
¥.	PART II. Other significant conditions co	ntributing to death	but not reaulting	in the unde	riying cause given ii	n Part I.	24a. WAS AN PERFOR	MED?	246. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
ă								••	1 - YES 2 - NO
MEDIC									
AN: MEDIC	DE UNO CASE DESERDED TO MEDICAL								
ICIAN: MEDIC		SPITAL:		OTHER:	26. PLACE OF DEATH (C				
IYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 1	Inpatient 2 - ER/Ou		OTHER:	Home 5 Residence	a 🗆 Oth	н (Specify)	ALIEN ACCI	050
3Y PHYSICIAN: MEDICAL	EXAMINER? HO		28b. TIR	OTHER: 4 Nursing	4.5	a 🗆 Oth		NJURY OCCU	RED
BY	EXAMINER? 1 YES 2 NO 1 O 27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Ou 26a, DATE OF INJURY	28b. TIN IN	OTHER: 4 Nursing IE OF 26 JURY M	Home 5 Residence	8 Other	H (Specify) SCRIBE HOW I	and Number o	RED - Rural Route Number,
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 4 Homicida detarmined 29a. CERTIFIER (Check only)	Inpetient 2 ER/Oc 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUI building, etc. (Sp.	28b, Tih IN. AY — At home, farm, ec/ly)	OTHER: 4 Nursing IE OF 26 JURY M street, factory	Home 5 Residence c. INJURY AT WORK? VES 2 NO office	a a Other	PATION (Street or Town, State)	and Number of	Rural Route Number,
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ě	f. If Item 28 is marked, or item 23 shows any injury, or other traumatic even	other	ò	Injury,	ws any Inju	shows	23	Hem	9	rked.	E	#	28	된	=	100
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- STATE REGISTRAR	STATE OF MA	CERT	IFICALE	OF DEATH		REG. NO	O		
DECEDENT'S NAME (First, Middle, Last)					TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Albert Ruffin	I a any				Jar	nuary	6 19	991	10:50
	5. SEX	68 YR	MONTHS	1 YEAR IF UNDER 24 HRS DAYS HOURS MIN	7. DA	TE OF BIRTH	3	8. BIRTH County	PLACE (State or Foreign). S.
214-12-1566 a. FACILITY NAME (If not institution, give		711				1 47/ 4.			
		_	1	TOWN OR LOCATION OF			9c. COUN		
V.A. Medical	Center	erry Po	ınt_	Perryvi	lle		Ce	cil	Co.
0e. STATE 10b. COUN	TY	10c.	CITY, TOWN O	R LOCATION					10d. INSIDE CITY
Md.		1	510 N	. Pulaski	St	. Bal	to.		LIMITS?
0e. STREET AND NUMBER				101. ZIP CODE				EN OF W	HAT COUNTRY?
1510 N. Pula				21217					
1. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT- FORCES? 1	YES 2 NO	13. V	MAS DECENDENT OF HISI tyes, specify Cuben, Max	PANIC ORI	GIN7 (Specify Ye to Rican, etc.)	es or No—	14. RACE Black	- Amarican Indian, White, atc.
☐ Widowed 4 🖾 Divorced	3/30/4			TYES 2 NO Spe		,		Specif	y:
15. DECEDENT'S ED	UCATION	16a. DECEDEN	T'S USUAL OC	CCUPATION		16b. KIND OF BI	ISINESS/INDI		ack
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind	of work done d T use retired.)	furing most of working				, , , , , ,	
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (Firs	t, Middle, Maide	n Sumame)		
James Ruffin		201		Mary	Fra	nks			
e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and Number or Rur			wn, State, Zip (Code)	
Jessie Ruffin		15	LO N.	Pulaski	St.	Balto	. Md	. 2	1217
De. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rec	moval from State	20b. PLACE AND DA	TE OF DISPOSI	TION (Name of	D	ATE 20c. Li	DCATION C	ity or To	rn, Stata
□ Donation 5 □ Other (Specify) I, SIGNATURE OF FUNERAL SERVICE L		Metro (rema	tory Inc.	11.	/8/92	Balt	0.]	VId.
JI SAA	ICENSEE	- 1	22. 1	NAME AND ADDRESS OF	FACILITY				
3. PART I. Enter the diseases, or shock for heart failure	complications that of	on each line.	X 22.1	ainwright	Fu	neral	Home	to.	
3. PAIC I. Enter the diseases, or shock for heart failure MMEDIATE CAUSE (Final lisease or condition assulting in death)	complications that control one cause	on each line.	W 22. W 22.	ainwright	Fu	neral	Home	to.	Md. 21
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Raymond Staton

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

BALTIMORE, MARYLAND 21215-0020

BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

U.S.A.

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

N.C.

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

BLACK

Approximata Interval Between

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN?

1 YES 2 NO

Onset and Dasth

1 X YES 2 NO

8

REG. NO.

2. DATE OF DEATH

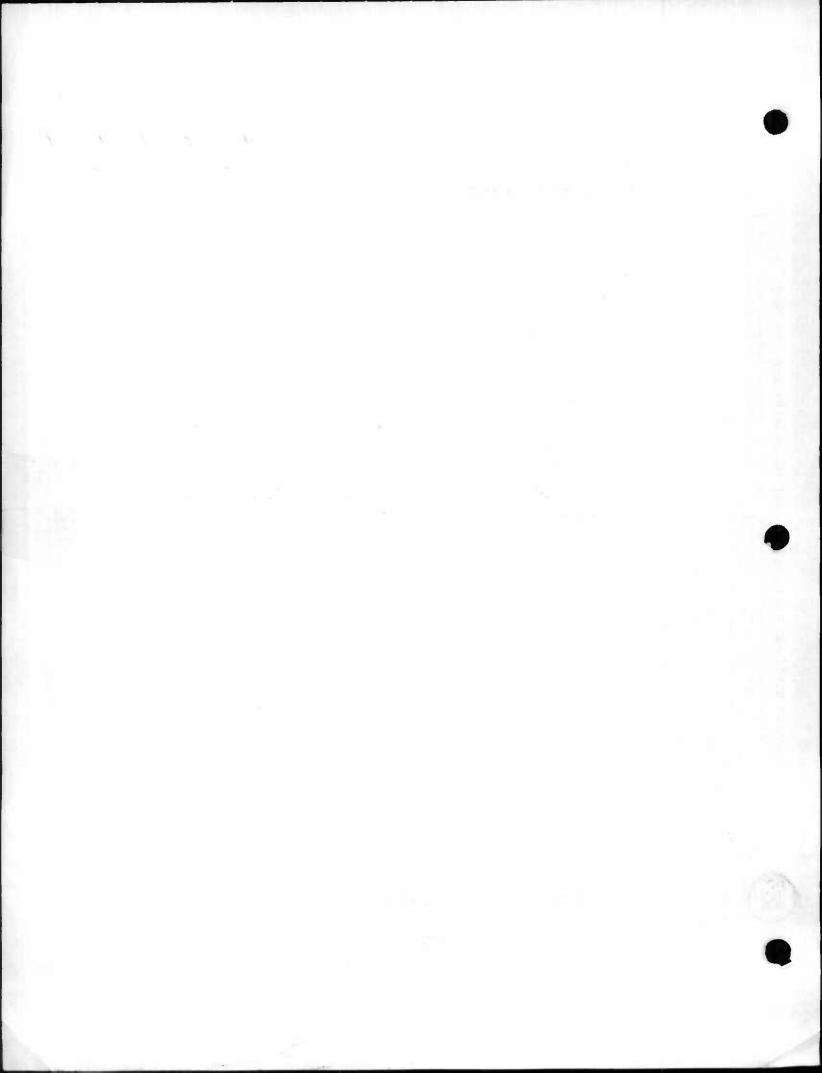
4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH Month, Day, Year) 10-17-50 240-80-3754 1 X M 2 F 41 YRS. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE BALTIMORE MD FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21218 the bunial-transit 1903 E. 30th STREET urs after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-1 November 2 Married If yes, specify Cuben, Mexican, Puerto Ri
1 YES 2 NO Specify: IF YES. GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as t ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest jo Elementary/Secondary (0-12) College (1-4 or 5+) COMPL UNEMPLOYED 12th page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BEATRICE MUNK notified at HERBERT STATON 19e. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zip Code, 1903 E. 30th STREET/BALTIMORE, MD 21218 2 LILLIE McCOY pe 20a. METNOD OF DISPOSITION
1 M Buriel 2 Cremetion 3 Removal from State
4 Donetion 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must director, (VOSHELL MEMORIAL GARDENS BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral WM.C.MARCH F.H./1101 E. NORTH AVENUE removal medicai 23. PART I. Enter the diseases/or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. filled in by 0 IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition resulting in death) AROS INCEPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DUE TO (OR AS A CONSEQUENCE OF): PNEJMONIA NEUMOCOCCUI iraumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): this certificate has been signed by the attending physician an with the State Dept, of Health and Mental Hygiene prior to t if any, lasding to immediate cause. Enter UNDERLYING ETGH other t CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 23 shows any PERFORMED? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence S Other (Specify) 0 27. MANNEB-OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? is marked, 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY FUNERAL DIRECTOR: After t wenin 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Nomicide item 29s. CERTIFIER

(Chack only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. IMPORTANT 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 041 GA 32. REGISTRAR'S STENATURES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

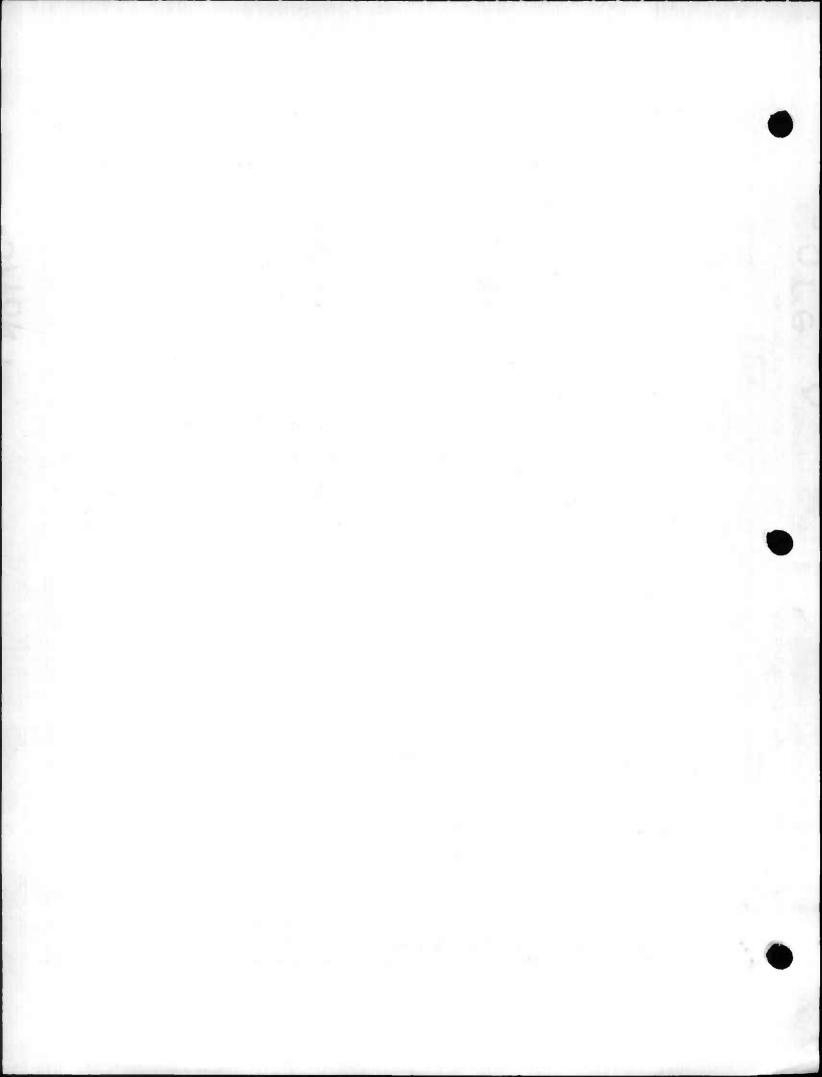
DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

attending prysician.	se as the burial-transit permit. Pages 1, 2, 3 should		
THE PROFILE OR ATTENDING PHYSICIAN: The law requires that the death certincate be executed within 24 would after death. Page 6 may be retained by the nospital of	🐇 m Real DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe	the State Dept. of Health and Mental Hy	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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1	FOR STATE OF MA		DEPARTM			MENTAL HYGIEN REG. NO.	E			
	1. OECEDENT'S NAME (FIRST, MPRABBI OSCP)	Setr	vanta	SCHW	ARZ	2. DATE OF DEATH MONTH DA	8 92			
	4. SOCIAL SECURITY NUMBER 378–38–2421 5. SEX $1 \times M \times 1 = 1$	AGE (In yrs. last	birthday) IF U	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Morith, Day, Year) 2/17/190	6. Bi	IRTHPLACE (State or Foreign country) GERMANY		
	99. FACILITY NAME (If not institution, give street and number)		9b.		R LOCATION OF DE	АТН	9c. COUNTY OF DEATH HOWARD			
	GREATER LAUREL HOSPITAL RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY		10c. CITY. TO	WN OR LOCAT	ION		-	10d. INSIDE CITY		
	MARYLAND HOWARD			COLUN			10g. CITIZEN (1 NYES 2 NO		
	6336 CEDAR LA., APT. 37	1)44	U	SA		
	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced 12. WAS DECEDENT FORCES? 1 FYES, GIVE WAI	YES 2 N		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or if yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 Specify:				r No 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+	(Gh	CEOENT'S USU. We kind of work of Do NOT use reti	done during mo ired.)	SINESS/INOUSTR					
	17. FATHER'S NAME (First, Middle, Last) HERMAN SCHWARZ					ME (First, Middle, Maiden DSALI KLE				
	19e. INFORMANT'S NAME (Type/Print) MICHAEL SCHWARZ		MAILING ACC			Aoute Number, City or Tow LD, MD 21	n, State, Zip Code	0)		
	20s. METNOD OF DISPOSITION 1		PRA AHA		netery, cremetory or HESED		CATION — CHY (or Town, State STOWN, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE College Le	ueno	on	1		SON & BROS STOWN RD.				
		on each line	On any	An	rest	th as cardiac or resp	iratory srrest,	Approximate interval Between Onset and Death		
Entire Ionical	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Congestive heart tailuxe OUE TO (OR AS A CONSIQUENCE OF): DUE TO (OR AS A CONSIQUENCE OF):									
MEDICALO	PART H. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. Myelodysplasia 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1									
NA I	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C	heck only one)				
PHISICIAN	EXAMINER? 1 YES 2 JUO HOSPITAL: 1 Pinpetient 2		□ DOA 4	-		8 Other (Specify)				
מן זמ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation		28b, TIME O	/ W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCUR	ED		
20	2 Sulpida 28e. PLACE OF	INJURY — At ho tc. (Specify)	eme, farm, stree	et, factory, offi	factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of a MEDICAL EXAMINER: On the beste of axi							suse(e) end manner as stated.		
מ	296. SIGNATURE AND TITLE OF CERTIFIER B.K. James, M. J.				D 277	MBER 33	29d. DATE SI	GNED (Month, Day, Year)		
2	Barry K. Lance, m.D.	4201	aurel	Park	Dr. #	223 La	urel,	n) 20707		
	JAN 1 0 1992 June De	S SIGNATURE	rdelle			 				



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. F	NERGY NIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the troopersi
6	P	3
Sa. F	40	E
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 00444 STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 9 2YEAR MONTH O 2DAY 7:11 P RAYMOND SHARP 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 4/16/36 1 XM 2 F 218-30-6080 YRS BALTO., Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 538 N.CARROLTON AVENUE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the bunal-transit 538 N. CARROLLTON AVENUE 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced BLACK SS ETED 16a. OECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION pecify only highest grade complete use 16b. KINO OF BUSINESS/INDUSTRY (Spi (Give kind of work done during in life. Do NOT use retired.) detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) page 5 should be notified at BE ELIZABETH SHARP 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 NATHAN SHARP BALTIMORE, 2010 N. PAYSON ST. 21217 MD e 20e. METNOD OF DISPOSITION
1 ◯ XBuriel 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must DATE director, 4 Donation 5 Other (Specify) MT.ZION CEMETERY BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME cremation, or removal. 4600 LIBERTY HEIGHTS AVENUE the medical 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition . CIRPHOSIS OF THE LIVER WITH ASCITIS event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Health and Mental Hygiene prior to bunal, ALCOHOLISM traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 shows any injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIDE TO COMPLETION DE CAUSE YES 2 NO OF DEATH? 1 YES 2 NO o PHYSICIAN: Dept. State L 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 XYES 2 NO me 5 Residence 8 D Other (Specily) the 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. OEȘCRIBE NOW INJURY OCCUREO with 28c. INJURY AT WORK? marked. 1 Natural 2 Accident 5 Pending Investigation м 1 YES 2 NO BY hours after death 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) S ETED 8 Could not be 4 Nomicide 28 Item 29e. CERTIFIER
(Chack only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. COMPL TO THE FLUKERAL
TO THE FLUKERAL
DE filed within 72 h MEDICAL EXAMINER: On the igation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) and menner ee stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 01/03/92 C.M.E 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TR. MO 11 PENN STREET, BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE whia Davidson Andrew 10 1992

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSP HIGH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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				pole.	.1		1	4 /	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF DEAT	H	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	. 0.				OF DEATH		3. TIME OF DEATH		
	JOANNA -	K. 71	MIARU	MEKI.	MONTH	07	92	7,49 Am		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In vrs		F UNDER 1 YEAR IF UNDER	24 HRS. 7, DATE C			HPLACE (State or Foreign		
	214-20-0799 10M2)	QF 80		ONTHS DAYS HOURS	MIN. (Month,	Day, Year)	Count	(ry)		
+0	9a. FACILITY NAME (If not institution, give street and numb				NEW YORK					
Œ		er)		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH						
DIRECTOR	HARBOR HOSPITAL									
B	10e. STATE 10b. COUNTY		10c CITY	TOWN OR LOCATION						
E	MARYLAND		10d. INSIDE CITY LIMITS?							
	10e. STREET AND NUMBER		GEL	N BURNIE				1 TYES 2 NO		
M.		_		10f. ZIP COOE		10g. C	ITIZEN OF	WHAT COUNTRY?		
FUNERAL	7920 PARK WEST DRIV	E		2106	1		USA			
5	Fanner.	EDENT EVER IN U.S.	ARMED	13. WAS DECENDENT O	(Specify Yee or No-	- 14. RACE — American Indian				
	IE VES (1 YES 2 NIVE WAR OR DATES	∇NO	If yes, specify Cuber 1 YES 2 NO		can, etc.)		k, White, etc.		
BY	3 Widowed 4 Divorced				opcony.		WH	ÎTE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			UAL OCCUPATION	16b.	KIND OF BUSINESS/				
E	Elementary/Secondery (0-12) College (1-4		life. Do NOT use i	k done during most of working etired.)	7					
4			OMEMAK	FR						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		OTTETTT		ED'S NAME /E M	iddle, Meiden Sumame	-1			
	BERNARD KULWICKI						"			
BE	19e. INFORMANT'S NAME (Type/Print)				HERINE					
2				ODRESS (Street and Number	or Rural Route Numbe	r, City or Town, State,	Zip Code)			
	MRS. AIELLO		SAME							
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removat from Sta	20b. PLAC	E AND DATE OF	DISPOSITION (Name of	OATE	20c. LOCATION	— Cify or To	own, State		
	4 Donetlon 5 Other (Specify)	GRE	ENMOUN	DISPOSITION (Name of CEMETER	Y 11-9	BALTO.	CIT	Y MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			KACZOROW	S OF FACILITY					
	1 the mond to		1	KACZURUW	SKI FUN	ERAL HU	ME			
_	C / WYIIIO W AUG	MAUNUS	W	2525 FLE	ET STRE	ET BALT	Ο.,	MD. 21224		
	23. PART I. Entar the diseases, or complication abook, or heart feiture. List only on	s thet caused the	deeth. Do not ne	entar the moda of dyle	ng, such as cardi	ec or reapiratory	arreat,	Approximate		
	IMMEDIATE CAUSE (Final							interval Between Onsat and Death		
1	disease or condition CA/	2DID	RESI	PIRATORY	FA	ILURE				
	Di	E TO (OR AS A CONS	EOUENCE OF):	HEART						
z	- Cor	JGESTI	IVE	HEART	FAIL	URE.				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	E TO (OR AS A CONS	EOUENCE OF):							
8	ceuse. Enter UNDERLYING	UTE ,	AACT	ERIAL	ENDO	CAPAIT	10			
Ĕ										
듄	reaulting in death) LAST	ENAL	_ +	PAILUR	F			1		
2										
A	PART ii. Other eignificant conditions contribution	ig to deeth but not	reaulting in	the undariying cause g	iven in Part I.	24a. WAS AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS		
S	Polycy themen U	esa,	(B)	Ces ebro Vi	recular	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Polycythenea V Accordent, Aa	te R.	enal.	2001.80		Tres 2 NO	- 1	OF DEATH?		
2	7,000	000		The mark.				1 TYES 2 NO		
A I	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDICAL	EXAMINER? HOSPITA	L:	To	26. PLACE OF DE THER:	ATH (Check only one)					
YS	1 YES 2 K NO 1 Impatient	2 ER/Outpetient		☐ Nursing Home 5 ☐ Res	sidence 8 🗆 Other	(Specify)				
E	(Ma	nth, Day, Year)	28b. TIME C		28d. DESC	RIBE HOW INJURY O	CCURED			
BY	1 Netural 5 Pending			M 1 YES 2	NO					
		CE OF INJURY - At I	home, tarm, stre	et, factory, office	28f. LOCAT	ION (Street and Numl	ber or Rural F	Route Number,		
E	4 Homicide determined	unig, are. (opecny)			City or	Town, Stete)				
	29a, CERTIFIER 1 X CERTIFYING DAVEICIAN. To the b						-			
Z I	(Check only one) 1 CERTIFYING PHYSICIAN: To the best									
COMPLETED		or examination end/o	r investigation, i	n my opinion, death occure	d at the time, date e	nd place, end due to	the ceuse(a	end menner ae stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1.6	-	29c. LICE	NSE NUMBER	29d. D.	ATE SIGNEO	(Month, Day, Year)		
	unandrakalakafa.	Hor	ree S.	tatt. As:	2441611	1-26 D	11-	1192		
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (IT		nt)			-/-			
	CHANDRAKALA RI	ATA	HAG	ROR H	DCPIT	AI C	FAI	TER.		
		STRAR'S SIGNATURE	. , , , , , ,	113011		71- (UIV	101		
	1hm 19 3000 delia.	STRAR'S SIGNATURE	delle							
	THIN 1 1999/ Janes	- Alamon . Al .								

F VITA	HYSICIAN: The	c. rtificate h	h the State C	or item
DIVISION OF VITA	R ACTENDING PHYS	R. After this c	er death with	I them 28 is marked, or item
DIVE	AL OR ATT	AL DIRECTO	AZ hours aft	. II Item 28
(TO THE MOSP	THE MARE	De files willing	MPORTAM

	92-0084-510					32 01	0446
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	E		77.12	2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
	George 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	ylor (In yrs. last birthday)		01 05	1992	2:28 PM
,	250-56-8016	1 M 2 D F		F UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.	M4 4 5 14 1	8. Bi	RTHPLACE (State or Foreign cuntry) S.C.
Œ	9a. FACILITY NAME (If not institution, give		9	b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY O	F DEATH
20	RESIDENCE OF DECEDENT			Baltimore			
DIRECTOR	MD 10b. COUNT	ΓY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 529 W. LAFAYETTE	AVENUE		101. ZIP CODE		1	F WHAT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	21217	ANIC ORIGIN? (Specify Ye		S.A.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 (X) YES IF YES, GIVE WAR OR D		If yes, specify Cuban, Maxi	ican, Puerto Rican, etc.)	В	ACE — American Indian, leck, White, atc. Decity: BLACK
ETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	18a. DECEDENT'S US	UAL OCCUPATION k done during most of working etired.)	16b. KIND OF BU	SINESS/INDUSTR	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	OWNER	enred.)	EXTERMIN	IATOR	
BE CO	17. FATHER'S NAME (First, Middle, Last) ISAAC TAYLOR				WING AUE		
101	19a. INFORMANT'S NAME (Type/Print) ALICE CARRINGTON		2709 E.	CHASE ST./BA	LTIMORE, ME	n. Stere Zin Code) 21213	
	20a. METHOD OF OISPOSITION 1 Y Burlal 2 Cramation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata com	PLACE AND DATE OF CONTROL OF CONT	PISPOSITION (Name of PORIAL PARK		CATION — CITY OF	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	SDU103 ME	22. NAME AND ADDRESS OF	FACILITY		
z	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on e	ech line.	enter the mode of dying, so			Approximete interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	с	CONSEQUENCE OF):				
	PART II. Other eignificent condition	ne contributing to death be	ut not resulting in t	he underlying cause given i	n Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
MEDICAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							DF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL						
SICI	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C			
РНУ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		6X Other (Specify) 1 28d. DESCRIBE HOW II	ace of	business
ВУ	1 Natural 5 Pending 2 Accident Investigation	59475 19	92 2 F 95 F	1 X YES 2 NO	Subject	t beat	en
0	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	ny)	et, factory, office	281. LOCATION (Street a City or Town, State)		
É	29a. CERTIFIER		office			North	Avenue
COMPL	2 MEDICAL EXAMINE	R: On the basis of examination	edge, death occurred a	t the time, data and placa, and dun my opinion, death occured at the	e time, data and placa, an	ner as stated. I due to the cause	e(a) and manner as atetad.
ш	296. SCHATURE AND TITLE OF CERTIFIE	1 1	0	29c. LICENSE NO	JMBER	29d. DATE SIGN	
B	/ aron	(seleth		0 0 14	E I	0.1	EO (Month, Day, Year)
TO B	30 NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEA	400				06 1992
	30 NAME AND ADDRESS OF PERSON WH JAKON WCK 31. DATE FILED (Morath, Day, Year) JAN 1 0 1992	O COMPLETEO CAUSE OF DEA	111 Per	nt)	Baltimore		06 1992

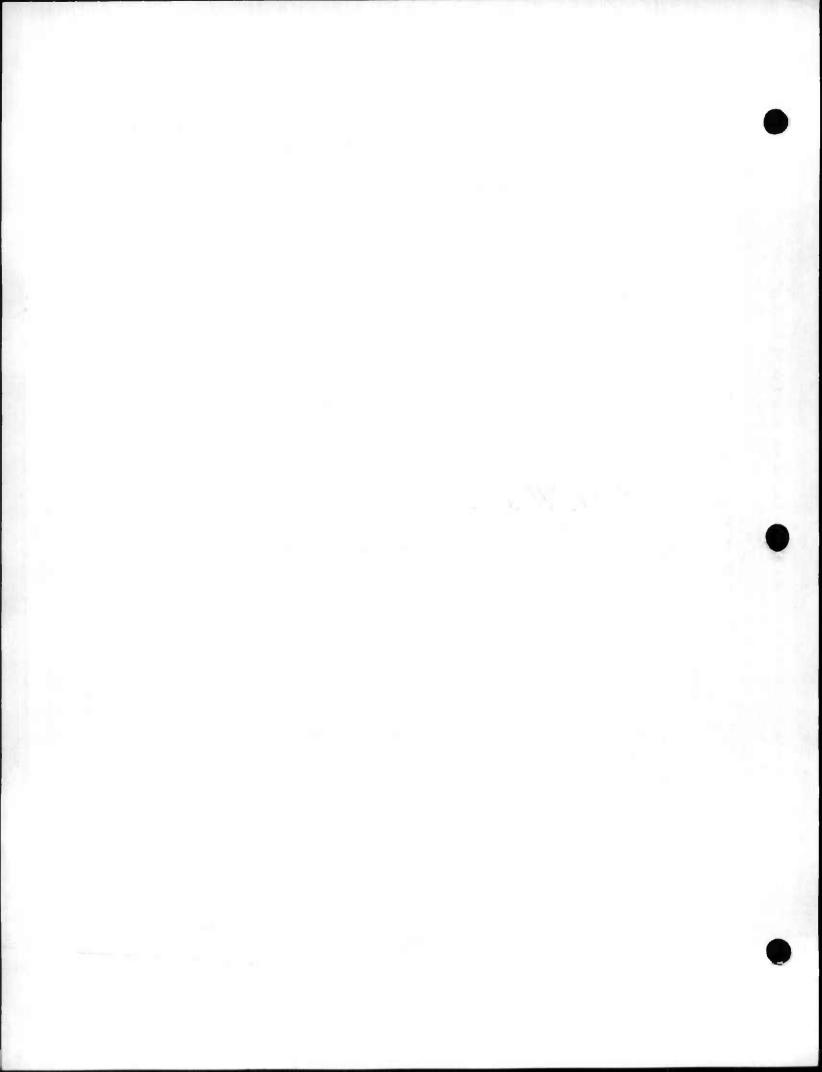
bunal-transit permit, Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0	4 hours after death, Page 6 may be retained by the hospital or attending	filled in by the funeral director, page 5 should be detached for use as the	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	J. MENTAL HVOICHE	6 0	044
CERTIFICATE OF DEATH	REG. NO.		
	2. DATE OF DEATH	1992	3. TIME OF

	1 - STATE REGISTRAR		ARYLAND /	DEPAR	RTMEN	T OF H	DEAT	AND I	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last John			ηı	411.				2. DATE OF DEATH MONTH January	199	92	3. TIME OF DEATH 10:55am M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	ille IF UNDE	T YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	, ,	a BIRTI	IPLACE (State or Foreign
	244-16-7238	1 💢 M 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 6-29-1916	5	Count	N.C.
E .	9a. FACILITY NAME (If not institution, give Maryland Genera	street and number)	1		9b. CIT		OR LOCATIO		City	9c. COUN	ITY OF D	EATH
CTO	RESIDENCE OF DECEDENT				L		alti	lore	CITY		_	
DIRECTOR	100. STATE 10b. COUN	TY			timor		TION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1 00	I C IIIOI		. ZIP CODE			10g. CITIZ	ZEN OF V	1 X YES 2 NO
FUNERAL	1832 Etting Stre					21217 U.S.A						
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3/ Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 □ YES 2 ☒ NO Specify: 1 □ YES 2 ☒ NO Specify: 1 □ YES 2 ☒ NO Specify:					
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of workin		16b. KIND OF BUS	INESS/INDI		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT u	se retired.)	duning mo	st or worten	g				
MC	17. FATHER'S NAME (First, Middle, Last)			_					Bethlehen			
	Lidge Tillery							Till	ME (First, Middle, Maiden :	Sumame)		
TO BE	190. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a			oute Number, City or Town	, State, Zip	Code)	
۴	Gloria Jones		2	2143 D	ivisi	on	Stree	t	Baltimore, 1	Md 212	17	
	20ay METHOD OF DISPOSITION 1 A Burlal 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	completely, cre	matory or o	ther place	SITION (Na	me of			ATION — C		
- 1	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	King	Menur			IO ADDRES	S OF FAC	11192 Randa	allsto	wn, M	<u>/id</u>
	* Hale	Make	h		N	larch	F/H W Wabas	est b Avo	2010			
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that	caused the da	ath. Do r	not anter	tha mo	da of dyl	ng, auch	as cardiac or respir	atory arre	eat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metas	tatic c	arci		of	the	stom	ach			interval Batween Onaet and Daath
z	OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE O	F):							
FIC/	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
ERT	resulting in death) LAST	d										
AL C	PART II. Other algnificant condition	na contributing to d	eath but not re	naulting I	n the un	derivino	cause o	ven in F	Part I. 24s. WAS AN A	UTTOPSY	24h	WERE AUTOPSY FINDINGS
S									PERFORM	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC										(A) 140		DF DEATH?
AN.	25 1442 0107 0777777											
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	FRIO. 4 - 41 - 4		OTHER	₹:			ck only one)			
PHYSICIAN:	27. MANNER OF DEATH	26e. DATE OF II	YJURY	28b. TIM	E OF	28c. INJU	JRY AT		Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCL	JREO	
BY	1 Slatural 5 Pending 2 Accident Investigation	(Month, Day			M		ES 2	NO				
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (S								28f. LOCATION (Street ar City or Town, State)	d Number o	or Aural A	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 1 CERTIFYING PHYS 2 MEDICAL EXAMINIT	ICIAN: To the best of m ER: On the basis of exa	ry knowledge, das mination end/or is	nth occurre	n, in my o	me, date pinion, de	end place, eath occure	end due t	o the cause(e) and menr	due to the	d. Cause(e)	end manner ee stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE	Matt	reve l	No			29c. LICE	15 / 1	9ER / 8	29d. DATE	SIGNED 1/7	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	tthews, M.				Mo	10-2	C-	1 **			
	31. DATE FILED (Month, Day, Year)				0/0	пагу	Tand	Gen	eral Hospi	tal		
	JAN 1 0 1992	92. REGISTBAR	lson-Hand	مالا								



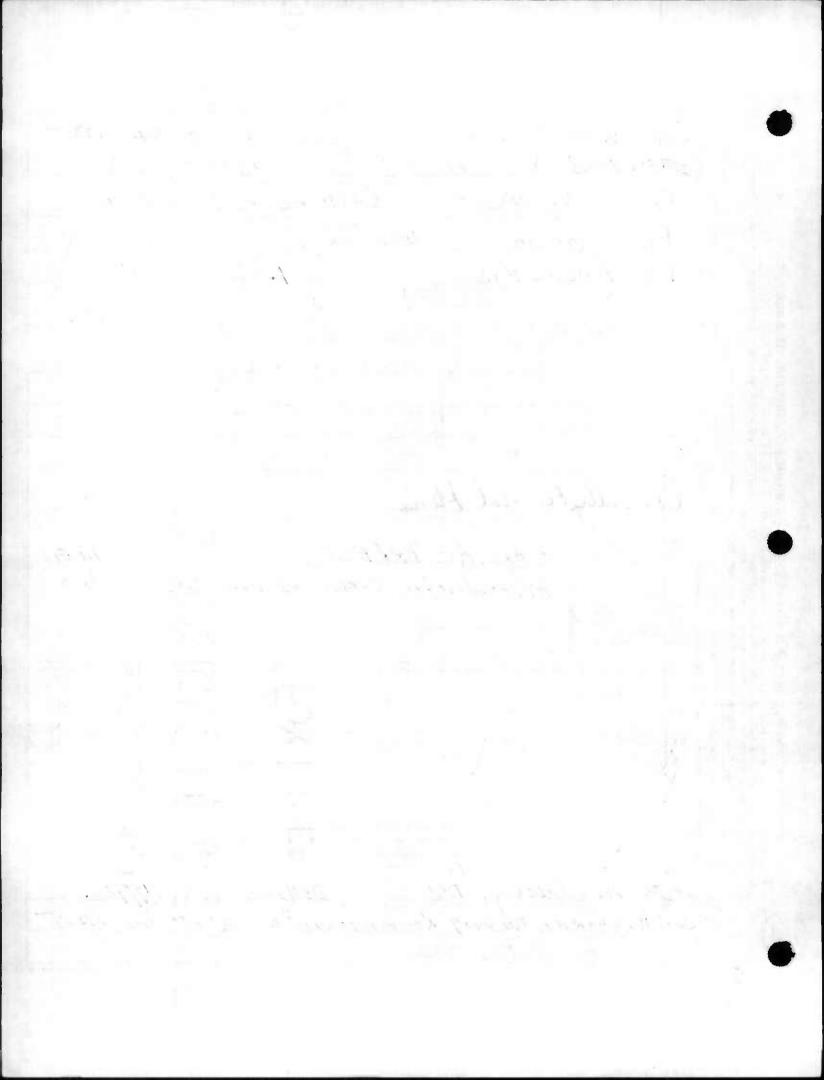


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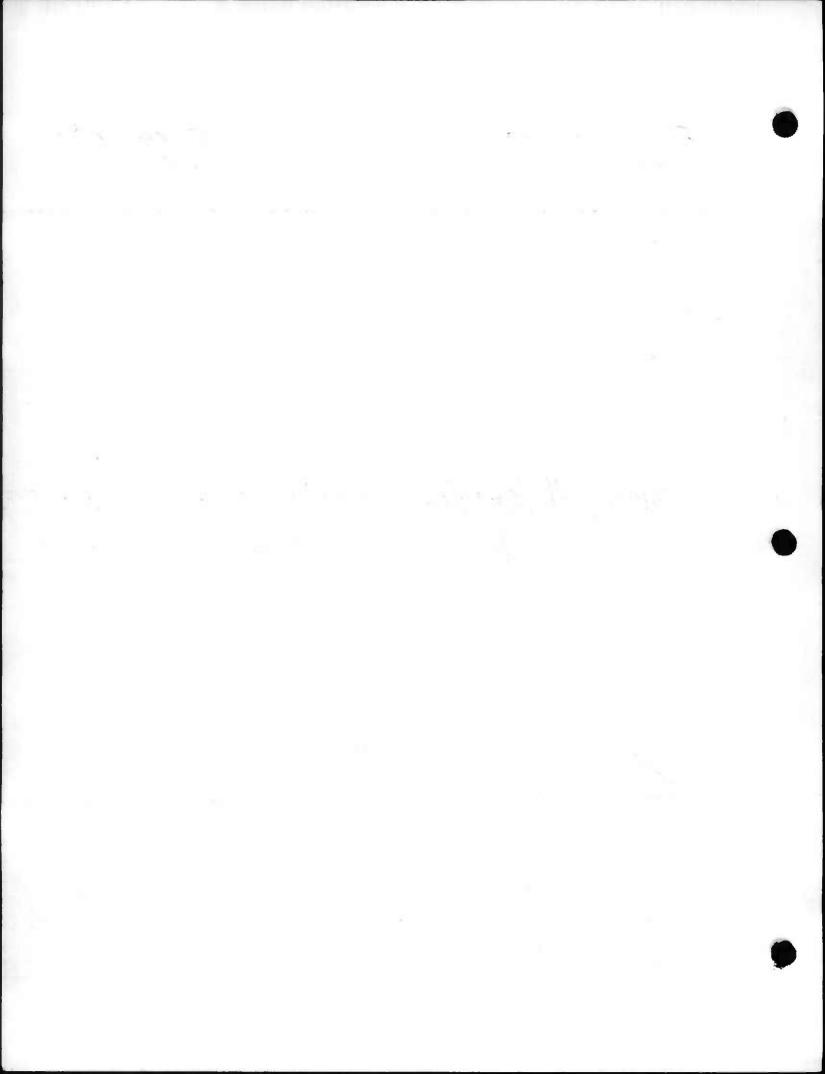
DIRECTOR	90. FACILITY NAME (If not institution FOR NCLUM RESIDENCE OF DECEDE	n, give street and number) Signore Ho	77 YRS.	9b. CITY, TOWN OR	o ho	7. DATE OF BII (Month, Pay, 247 114 EATH	2/16/16	BIRTHPLACE (State or Fore Country) Verman
	10e. STATE 10b.	BALTO	Why	TOWN OBLOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 N
FUNERAL	100. STREET AND NUMBER	LION RO		101. 2	ZIP CODE	62	10g. CITIZE	N OF WHAT COUNTRY
ВУ	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TY YE IF YES, GIVE WAR OR	ES 2 NO	If yes, spec	NDENT OF HISPAI city Fuban, Mexica NO Specif	n, Puerto Rican,		4. RACE — American Indian Black, White, #BLA(
COMPLETED		college (1-4 or 5+) Master * S		JSUAL OCCUPATION ork done during most retired.) her-Phy	of working	16b. KIND	OF BUSINESS/INDUS	ore County
	17. FATHER'S NAME (First, Middle,	The state of the s		_	18. MOTHER'S NA		Maiden Sumame)	
BE (Lindsey T		19b. MAILING	ADDRESS (Street and		olanti Route Number, Ch	y or Town, State, Zip G	iley oom
5	Lillian T					· ·	hiteMars	
	20a/METHOD OF DISPOSITION 1	☐ Removal from State	of cemetary, crematory of Immanuel	or other place) Methodi	Name	1	Cheswol	ty or Town, Stata ld Delawar
	21. SIGNATURE OF FUNERAL SER		i		ADDRESS OF FA		Chebwol	id Delawai
	Connelle	Firmulal	Mone	Conne	ellyFur	neralH	ome300MA	AceAve.212
	Contract of the Contract of th	latiure. List only one cause or	sed tha daath. Do no n each lina.	ot antar tha mod	a of dying, suc	h as cardiac d	or reapiratory arres	st, Approximatintarval Bei
ICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING	allure. List only ona cause of ALD ALOSAL DUE TO (OR A DUE TO (OR A	A CONSEQUENCE OF	LEST CORDIN	a of dying, suc			intarvai Be
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	allure. List only ona cause of ALD ALOSAL DUE TO (OR A DUE TO (OR A	AC AR SA CONSEQUENCE OF	LEST CORDIN	_			intarvai Be
N: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events reaulting in dasth) LAST	allure. List only ona cause of ALD ALOSAL DUE TO (OR A DUE TO (OR A	A CONSEQUENCE OF	REST CORDIO	0 V45 C	Part I. 24a.		intarvai Be
: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in dasth) LAST PART II. Other significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significant or the signi	allure. List only ona cause of Superior (OR A Due To (OR A d	A CONSEQUENCE OF	REST CORDIC in the underlying	0 V45 C	Part I. 24a.	DIS WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF COF DEATH?
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in dasth) LAST PART II. Other significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significent or the significant or the signi	DICAL HOSPITAL: 1 Inpatient 2 PERVINE (Month, Day, Year)	A CONSEQUENCE OF	DEST CORDIC	Ceuse given in	Part I. 24a. 1 Ceck only one) 6 Other (Spe	WAS AN AUTOPSY PERFORMED? YES 2 A NO	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CO OF DEATH?
TED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significent of the significant of the signi	DICAL HOSPITAL: Conditions contributing to death Contributing to death	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	DEST CORDIC	Ceuse given in	Part I. 24a. 1 Ceck only one) 6 Other (Spell 28d, DESCRIB	WAS AN ALITOPSY PERFORMED? YES 2 NO ROBY) E HOW INJURY OCCU	24b. WERE AUTOPSY FIN ANAILABLE PRIOR T COMPLETION OF COF DEATH? 1 YES 2 N
IPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in dasth) LAST PART II. Other significent or immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in dasth) LAST PART II. Other significent or immediate investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation in investigation in investigation investigation in investigatio	DICAL HOSPITAL: 1 Inpatiant 2 ERVC ing ing ing ing in to be mined In the best of my knex and in	A CONSEQUENCE OF) A CONSEQUENCE	DEST CORDIC	Ceuse given in ACE OF OEATH (CI 6 G Residence IRY AT IRY AT	Part I. 24e. 1 Carrier (Spe 28d, DESCRIB 28f. LOCATIOn City or Tow	WAS AN AUTOPSY PERFORMED? YES 2 NO A (Street and Number of try), State) and manner as stated place, and due to the	Interval Be Onset and April 1995 19
LETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leeding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significent or cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significent or cause of the caus	DICAL HOSPITAL: 1 Inpatiant 2 ERVC ing ing ing ing in to be mined In the best of my knex and in	A CONSEQUENCE OF) A CONSEQUENCE	DEST CORDIC	Ceuse given in ACE OF OEATH (CI 6 G Residence IRY AT IRY AT	Part I. 24a. 1 Carrier (Spe 28d, DESCRIB 28f. LOCATION City or Tow	WAS AN AUTOPSY PERFORMED? YES 2 NO A (Street and Number of try), State) and manner as stated place, and due to the	Interval Be Onset and All All E. 24b. Were Autopsy Fin Amail Able Prior to COMPLETION OF CO OF DEATH? 1 Yes 2 N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1. DECEDENT'S NAME (First,	Middle, Last)	efser		<u>OLITITI</u>	IOAI E	OF DEATH	2. DATE	REG. NO		3. TIME OF DEATH	
4. SOCIAL SECURITY NUMB 103-26-7623	ER	5. SEX 1 M 2 X F		. last birthday) YRS.	IF UNDER 1 YEA		7. DATE	CH T4	1907	BIRTHPLACE (State or Foreign	
98. FACILITY NAME (If not in: BROOKE GR	OVE N)ME			NEY	EATH		9c. COUNTY MON	OF DEATH TGOMERY	
100. STATE MD.	10b. COUNTY	GOMERY			Y, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 22501 GRII						10g. CITIZEN USA	EN OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Merried 2 3 S Widowed 4 Divo		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ★ NO IF YES, GIVE WAR OR DATES			If yes	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			e or No 14. RACE — American Indien, Black, White, etc. Specify: WHITE		
(Specify only	Elementery/Secondery (0-12) College (1-4 or 5+)				work done during	PATION g most of working	16	b. KIND OF BU	HOME	TRY	
17. FATHER'S NAME (First, M. LARS PED)	ddie, Last) ERSEN					18. MOTHER'S NA ANNA		Middle, Maiden			
190. INFORMANT'S NAME (7) ANNE HUTC				S	AME AS	77 -	Floute Nur	mber, City or Tow	rn, State, Zip Co	de)	
20e. METHOD OF DISPOSITI 1	n 3 🗆 Rem	ovat from State	ME T	ROPOLI	TAN CR	f cemetery, crematory or EMATORY				or Town, State IA, VA.	
21. SIGNATURE OF FUNERA	L SERVICE LI	J.B.	erli	er/		TEL H. BAI 25 LAYTONS				NSVILLE,MD. 2	
disease or condition resulting in deeth) Sequentially list condit if any, leading to imma cause. Enter UNDERLY!	resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significa	nt condition	ns contributing to	daath but r	ot resulting	in tha undar	tying cause given in	Part I.	24a. WAS AP PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	6. PLACE OF OEATH (C	heck only	one)			
1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH		1 Inpetient 2 (FINJURY	28b. TIN	4 D-Milrsing	Home 5 Residence		her (Specify) EŞCRIBE HOW	INJURY OCCUI	RED	
2 Accident	Pending Investigation		Oay, Year) OF INJURY —		JURY	WORK? YES 2 NO	28f. LO	OCATION (Street	and Number or	Rural Route Number,	
4 Homicide	Could not be determined		etc. (Specify)					ty or Town, State			
contract only						date and place, and du on, death occured at the				ceuse(e) end manner ee steted.	
25% SICHATUNI AND TITLE	or certific	oly 1	ull			29c. LICENSE NUMBER			29d. DATE SIGNEO (Month, Day, Year)		
30. NAME AND ADDRESS O				(ITEM 27) (Type EY, MD.		332					
31. DATE FILED Month. Day	92	guit Deine	SEX ENGLANCE	della							

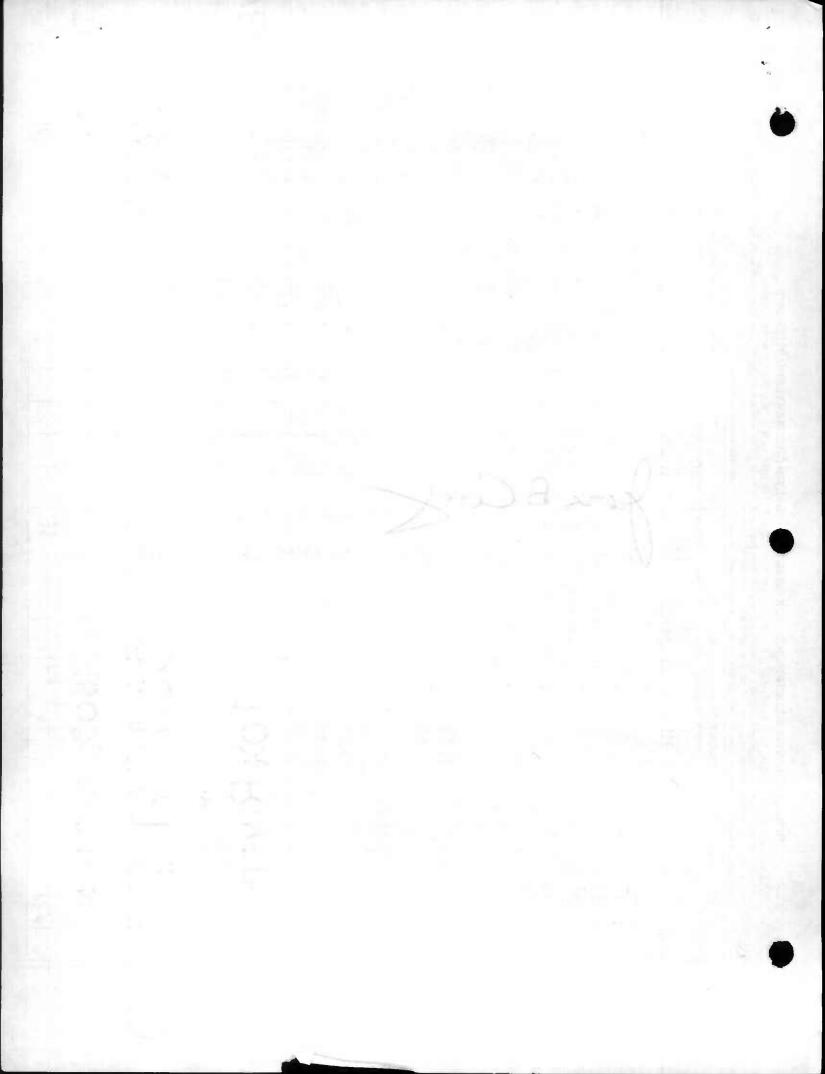


TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPA	RTMENT OF	HEALTH A	ND ME	NTAL HYGIEI	NE
CERTI	FICATE O	F DEATI	1	REG. NO	٥.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN		0 7 0 0					
1. DECEDENT'S NAME (First, Middle ROSE	TRINGAL				AY 92	3. TIME OF OEATN 2 PM					
4. SOCIAL SECURITY NUMBER 217-32-8274 98. FACILITY NAME (If not institution	1 🗆 M 2 🛒 F	n yrs. last birthday) IF UNDER MONTHS 9b. CITY,	t YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF C	7. DATE OF BIRTH (Month, Day, Year) 7/16/04		THPLACE (State or Foreign intry) Italy DEATN					
Baltimore Coun	ty General Hospi	Randallstown									
Maryland 106. STREET AND NUMBER	Baltimore	10c. CITY, TOWN C	Ilstown 101. ZIP CODE		10g. CITIZEN O	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ★ NO F WHAT COUNTRY?					
Old Court Nu 11. MARITAL STATUS 1 Nover Married 2 Marrie 2 Wildowed 4 Divorced	rsing Home -01d 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		T OF NISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American in Black, White, atc.)								
15. DECEDEN (Specify only higher Elementary/Secondary (0-12) 5th grade	r's EDUCATION st grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.) Housewi.	during most of working	16b. KIND OF BU	JSINESS/INDUSTRY	,					
17. FATHER'S NAME (First, Middle, I		nousewi	16. MOTHER'S N	AME (First, Middle, Meider lena Ric							
192. INFORMANT'S NAME (Type/Pri Mr. Dominic Tr			s (Street and Number or Rura ton Road B			7					
20a. METNOD OF DISPOSITION 1 Serial 2 Cremetion 3 4 Donation 5 Other (Special Serial S	Removal from State	8 I tile daati Do not entar	Cemetery NAME AND ADDRESS OF FORTING Byers 728 Liberty	1/8 Ba ACLITY Funeral D Road Ran	dal1stow	MD					
IMMEDIATE CAUSE (Finel disease of condition resulting in seath) Sequentially list conditiona, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	nfarction	(Infer	or)	Onset and Desti					
PART II. Other significent co	egree AV bl	PERFO	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIN AMALABLE PRIOR 1 COMPLETION OF COMPLETION OF DEATH? 1 YES 2 N								
25. WAS CASE REFERRED TO MED EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? BY AND THE STATE OF OEATN (Check only one) COTHER:										
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi	28a. DATE OF INJURY (Month, Dey, Year) Igation		8 C Other (Specify) 28d. DE\$CRIBE NOW	or (Specify) Scribe now injury occured							
2 Accident Invest 3 Suicide 6 Could 4 Nomicide determ	not be 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, fac	tory, office	261. LOCATION (Stree City or Town, State	St. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
one)	G PHYSICIAN: To the best of my know EXAMINER: On the basis of examination					se(a) and manner as stated.					
296. SIGNATURE AND TITLE OF C	M.D		29c. LICENSE N	UMBER 429	29d. DATE SIGN	NED (Month, Day, Year)					
30. NAME AND ADDRESS OF PER JORGE 31. DATE FILED (Month, Day, Year)	MUJICA M 32. REGISTRAR'S SIGN	ID - BAL	TIMORE	COUNTY	GEVER	AL HOSPITAN					
JAN 1 0 199	2										



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

UIVISION OF VITAL DECOLOGY, F.C. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN

0 1992

	1 - STATE REGISTRAR	STATE OF M	CE	RTIF	CATI	FOF	DEAT	TH.		REG	NO			
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5	2409 GAINESBORE	COURT	APT	D	BAL	TIM	ORE	CIT	Y					
S	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			10c. CITY	TOWN (OR LOCAT	ION							10d. INSIDE CITY
DIRECTOR	MD			BAL	TIM	ORE							- 1	LIMITS?
AL	10e. STREET AND NUMBER					101.	ZIP CODE				10	la. CITIZE	N OF W	1 X YES 2 ☐ NO /HAT COUNTRY?
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5		12. WAS DECEDENT	EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIG	GIN? (Speci	ly Yes or		4. RACE	- American Indian
BY F	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NR OR DATES	0		If yea, spe	2 X NO	n, Mexica	n, Puerl	o Rican, etc	:.)		Bleck Specif	, White, etc.
							/							BLACK
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7	Elementary/Secondary (0-12)	College (1-4 or 5+)		ILD	rotireu.)					CI	ITLD			
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	NELSON J. THOMPSO	N, JR.				- 1		RIA			siden Sun	name)		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b	MAILING /	ADDRESS	(Street er					/ Town. Si	tete Zio G	ode)	
5	MARTHA BRYANT		1	153 E										239
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove	al from State	20b. PLACEA	NDDATEO	DISPOS	ITION /Nar	ma of		_			ION Cit	_	
1	4 Donetion 6 Other (Specify)		KING	MEMO	RTAL	PAR	RK			R.	ANDA	LLST	OWN	, MD
- 1	21. SIGNATURE OF FUNERAL SERVICE LICEI	NSEE			22.1	NAME AN	D ADDRES	S OF FAC	CILITY					
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Savidson-Randelle

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be filed within 72 hours after IMPORTANT: If Item 28 I HDSPITAL OR ATT

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

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ysician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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ENDING PHYSICIAN. The law requires that the death certificate be executed writin 24 flours after bean. Fage o may be retained by the hospital of attending physician.	neral director, page 5 should	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ted within 24 hours after bea	completely filled in by the fur ial, cremation, or removal.	event, the medical exa
le death certificate de execu	Rr. After this certificate has been signed by the attending physician and completely filled in by the fuer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ijury, or other traumatic
AN: The law requires that the	ificate has been signed by the State Dept. of Health and	r item 23 shows any in
ENDING PHYSICI	R: After this cert er death with the	is marked, o

DIRECTOR

FUNERAL

BY

COMPLETED

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1- 00-00 92 Rayfield Τ. Wallace A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 11-2-39 8. BIRTHPLACE (State or Foreign DAYS HOURS 215-38-0743 1 💢 M 2 🗆 F YAS. 52 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 29 N. Milton Baltimore, Avenue 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY BALTIMORE 1 X YES 2 NO MD 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 29 21224 U.S.A Milton N. Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: **BLACK** 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) BETHLEHEM STEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) REV. ISAAC W. WALLACE MABLE GREENE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOYCE WALLACE 29 N. MILTON AVE./BALTIMORE, MD 21224 20e, METHOD OF DISPOSITION
1 🖟 Buriel 2 🗆 Cremation 3 🗆 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE BALTIMORE, MD BAI TIMORE CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY Wm.C. March F/H 1101 E. North Ave. 23. PART I. Enter the diseases or complications that caused the Do not enter the mode of dying, such as cardiac or respiratory strest, Approximats ehock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel METASTATIC CANCER OF THE PANCREAS diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | YES 2 ient 2 - ER/Outpatient 3 - DOA Misidence 8 - Other (Specify) 4 - Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 284, DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investigation M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 246. SEMATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 418 Mauns 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

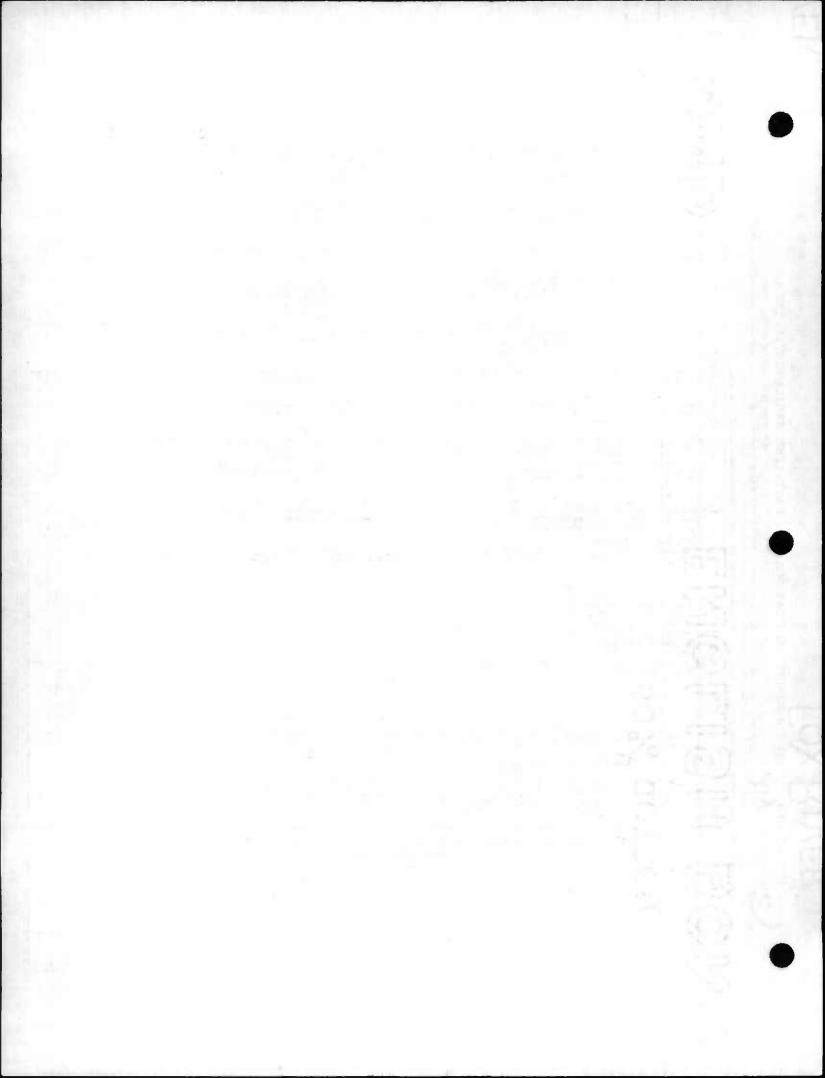
, PA. 7801 YORK RD #300

32. REGISTRAP SCOUCHESTU

TONSON

RAYMOND

A. NZE, MD



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLAND C	DEPARTMENT (ERTIFICATE	F HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)			J. DEATH	2. DATE OF DEATN		3. TIME OF DEATH
	Leonard Ald	onzo Webb			Jan. 7	1992	
		SEX 6. AGE (In yrs. Is	est birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH		TTHPLACE (State or Foreign
	234-34-8149	M2 F 70	YRS. MONTHS D	AYS HOURS MIN.	(Month, Day, Year)	Co	untry)
	9a. FACILITY NAME (If not institution, give street		9b. CITY. TO	WN OR LOCATION OF DE	Nov.23.	9c. COUNTY OF	OHIO
DIRECTOR	5310 Hazelwood			BAltimore	AIN		timore
JEC	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR				10d, INSIDE CITY
ā	Md. BAlt	timore	BAl	timore			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
EB	5310 Hazelwoo	od Ave.		21206		17	SA
5	11. MARITAL STATUS 12	WAS DECEDENT EVED IN U.S. A.	RMED 13. WAS	DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes		ACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES 2	NO If y	s, specify Cuban, Maxican YES 2 NO Specify	n, Puarto Rican, etc.)	В	ack, White, alc.
ВУ	3 Widowed 4 Divorced			nes and mo specify		34	White
	15, DECEDENT'S EDUCATI (Specify only highest grade con		ECEDENT'S USUAL OCCU	PATION	16b. KIND OF BUS	INESS/INDUSTRY	
Ē		ollege (1-4 or 5 +)	Give kind of work done duri le. Do NOT use retired.)	ig most or working			
MP	7th		Mechanio				
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	Sumame)	
BE (Okey Victor	Webb		Et	ta Bell		
TO E	19a. INFORMANT'S NAME (Type/Print)	19	9b. MAILING ADDRESS (S	reet and Number or Rural R		, State, Zip Code)	
F	Etta K. Webb		5310 Haze	elwood Av	e. BAltir	nore M	1 21206
	20a. METHOD OF DISPOSITION	20b. PLACE	AND DATE OF DISPOSITIO	N (Neme of	DATE 20c. LOC	CATION — City or	
	1 Donation 5 Other (Specify)	cemetery, cr	remetory or other place)	orv $1/1$.0/92 20c. LOC	altimo	re MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		E AND ADDRESS OF FAC	CHUTY	AT CIMO	LE MD.
	(N. E	l	A CC	nnellyFu	neral Home	300MA	ceAve.21221
	melly	mula P	V / 1				cenve.ZIZZI
	23. PART I. Enter the disease, or com shock, or heart colure. List	only one cause on each lin	eath. Do not enter the	made of dying, such	as cardiac or respir	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition			dahi.	to w	Thi	Onset and Death
	reaulting in death)			asper	cory no	ou fice	luer
		DUE TO (OR AS A CONSE	EQUENCE OF):	Den De	1 1	//	1 1
Z	Sequentially list conditions,		10	were pru	uconay	excep	luxulcas
Ĕ	if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF):	V	1	1	
2	cause. Enter UNDERLYING CAUSE (Disease or injury				. /	4	4
ËΙ	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	GUIENCE OF:				
CERTIFICATION	L #_						
	PART II. Other algnificant conditions co	ontributing to death but not	reaulting in the under	lving cause given in i	Part I. 24s. WAS AN	MITOPSY 2	4b. WERE AUTOPSY FINDINGS
CAL					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
유					1 _ YES 2	□ NO	OF DEATH?
Σ							1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL						
0	EXAMINER?	OSPITAL:	OTHER:	6. PLACE OF DEATN (Che	ck only one)		
IXS		Inpatiant 2 ER/Outpatient	3 DOA 4 Nursing	Home 5 - Realdence 8	B ☐ Other (Specify)		
표	27. MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF 28c	WORK?	28d. DEŞCRIBE NOW IN	JURY OCCURED	
BY	2 Accident Investigation			YES 2 NO			
ED	3 Suicida 8 Could not be 4 Nomicide determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, factory,	offica	28f. LOCATION (Street as City or Town, State)	nd Number or Rura	il Route Number,
		a					
7	29a. CERTIFIER 1 CERTIFYING PHYLICIAN	to the best of my knowledge, de	eath occurred at the time,	data and place, and due t	to the ceuse(a) and man	ner as stated.	
COMPLET	one) 2 MEDICAL EXAMINER D	n the basis of axamination and/or	Investigation, in my opini	on, death occured at the t	ime, data and place, and	I due to the cause	e(s) end manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIED	Dullan.	4	290 LICENSE NUM			ED (Month_Day, Year)
∞	11	WINNING	1	11106	1/3	1-6	-93
임	30 NAME AND ADDRESS OF DEBUGIN WHO OF	V		100		/ /	16



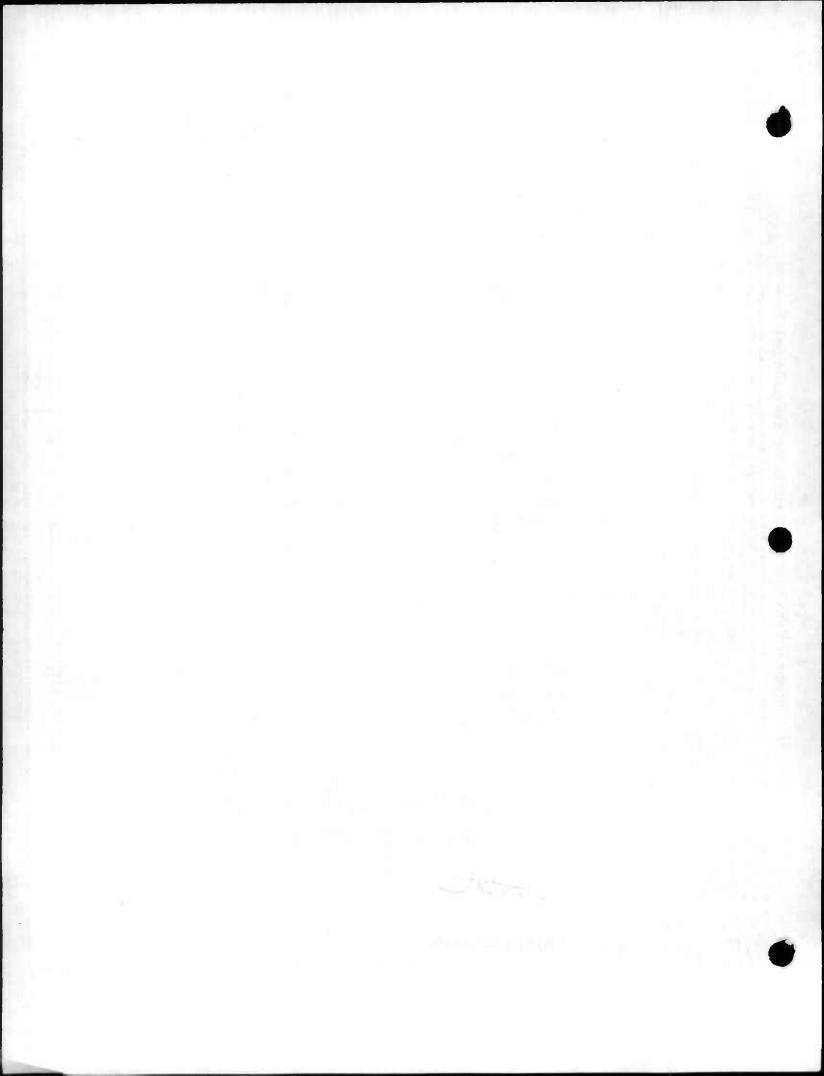
31. DATE FILED (MONTE, DE). 100 1992

32. REGITTAR'S SIGNATURE
Junia Dandson-Randelle

("the process Dictors 1-1-12

Va Catal	TO BE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
s funeral director, page 5 should be detached for use as the burial-tra I.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra- filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hospital or attending physician	THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician

	FOR 1 STATE		STATE OF N	MARYLAND) / DEPAF	RTMENT	r of h	IEALTH	AND	MENTAL			UU	124
	REGISTRAR 1. DECEDENT'S NAME (First		lcott		CERTIF	ICATI	E OF	DEA	ГН		REG. NO		, 1,2,9	3. TIME OF DEATH 11:30 A
	Helen C. 4. SOCIAL SECURITY NUMBER 212-16-9691	BER	5. SEX 1	6. AGE (In yrs. 91	last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH Day, Year)	000	Country	PLACE (State or Foreign
NC.	9a. FACILITY NAME (If not institution, give street and number) FRANKLIN SQUARE HOSPITAL						9b. CITY, TOWN DR LOCATION OF DEATH BALTIMORE BALTIMORE BALTIMORE BALTIMORE					NTY OF DE		
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	COUNTY			10c. CITY, TOWN OR LOCATION							I	10d. INSIDE CITY
	MARYLAND BALTIMORE 100. STREET AND NUMBER 25.24 LIENDOUGH BOAD				BALTIMORE 107. ZIP CODE 21234				10g. CITIZEN OF			ZEN OF W		
BY FUNERAL	2524 WENDOVER ROAD 11. MARITAL STATUS 1 Never Married 2 Merried 2 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			ARMED NO	Burgo I do umo occasiono de la companya de la compa					erto Rican, etc.) Black, White Specify:			- American Indian, White, atc.	
COMPLETED	(Specify only Elamentary/Secondary (0 NA		completed)	College (1-4 or 5+)			EDENT'S USUAL OCCUPATION To kind of work done during most of working TO NOT use retired.)			166. KIND OF BUSINESS/INDUSTRY OWN HOME				WILL IS
BE CO	17. FATHER'S NAME (First, Middle, Last) JOHN REINHARDT							C.	ATHE	RINE	ddle, Meiden MEYER			
10	ELAINE TURE			DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) WENDOVER RD., BALTIMORE, MD 21234										
	20g, METHOD OF DISPOSITION 1 (X Burlai) 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SE WICE LICENSE						IONA	L CE		DATE		CATION — TIMOI		n, Stata IARYLAND
	* helle	a for	1			S	CHIM	UNEK BELA	FUN	ERAL	HOMES BALTI	, INC	C.	21236
	23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	aart fallura. Ial	s.Chronic	c Rena	al Fa	ilur		da of dyl	ng, suci	h as cardi	ac or reapl	ratory arr	est,	Approximata interval Between Onset and Death
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the under Upper gastrointestinal bleeding, second duodenal ulcer, Diabetes mellitus Congestive Heart failure							condary to				FORMED? AW CO		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF 0EATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	₹:			8 Other				
ВУ РН		Pending nvestigation	28a. DATE OF (Month, Da		28b, TIM INJ	E OF URY M		URY AT RK? YES 2] NO	28d. DE\$0	RIBE HOW II	JURY OCC	URED	
	3 Suicide 8 0	Could not be determined	28a. PLACE DI building,	F INJURY At atc. (Specify)	home, farm, s	street, fact	ory, office			28f. LOCA City of	TIDN (Street a Town, Stete)	nd Number	or Rural Ro	ute Number,
COMPLETED			CIAN: To the best of R: Dn the besis of ex											and manner as stated.
B	290. SIGNATURE AND TITLE			A				29c, LICE						Month, Day, Year)
2	Dr. Theodo	ore S					in S	Squa	re	Dr.	Balt	imor	e,Md	21237
	JAN 1 0 1992	(bar)	REGISTRAL								·			



FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE MISSION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

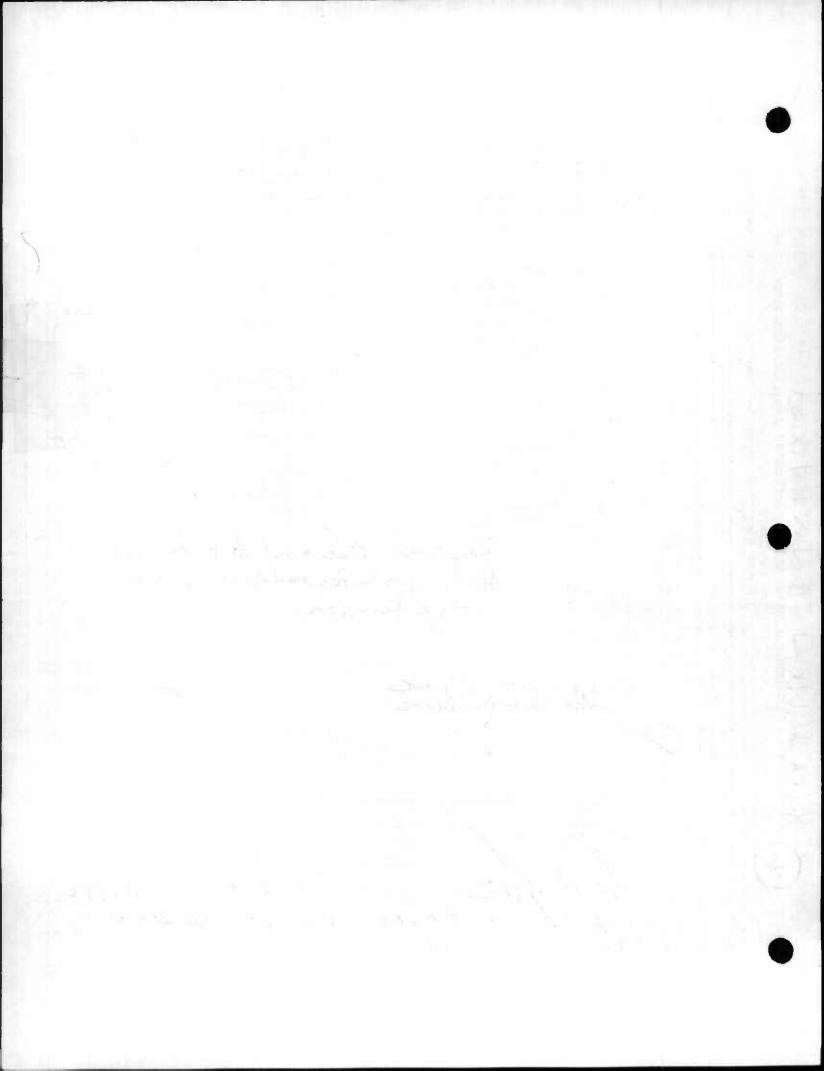
TO THE MINING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE MINING PHYSICIAN: A seen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cemation, or removal.

IMPORTANT: It lean 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENI

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)		OTTE OF BEATT	2. DATE OF DEATH MONTH	DAY	YEAR	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A 577 -32- % 2 1 1× M 2 □ F	GE (in yrs. last birtnday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	ACE (State or Foreign nada			
TOR	99. FACILITY NAME (If not institution, give street and number) Holy Cross Hospital Silver Spring Montgomery									
DIRECTOR	Maryland Montgomery	10c CITY SI	TOWN OR LOCATION . Ver Spring				d. INSIDE CITY LIMITS?			
FUNERAL	623 Kenbrook Drive		101. ZIP CODE 20902	ited	States					
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVI FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES? 1 N FORCES.	ES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2X YNO Spec		14. RACE — Bleck, W	American Indian, /hite, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 5 +	(Give kind of wo	SUAL OCCUPATION ork done during most of working reflired.) perator	166. KIND OF BU			9			
E COM	17. FATHER'S NAME (First, Middle, Last) Samuel Wall		18. MOTHER'S N	AME (First, Middle, Maide)	Sumeme)					
TO BE	190. INFORMANT'S NAME (Type/Print) ROSA Wall	19b MAILING / Same	ADDRESS (Street and Number or Aura address as	Route Number, City or Tox	wn, State, Zip	Code)				
	4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF Cemetery, cremetory or oth Mt. Lebar	er place) Cemetery			City or Town,				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF F IVES-Pears Falls Chu	on Funer irch, Va.	a 1 2 H	9mes				
	23. PART I. Enter the diseases, or complications that caushock, or heart failure. List only one cause of IMMEDIATE CAUSE (Fine) disease or condition resulting in dasth)	sed the death. Do not neach line.	Abdomina	Aothal Viscular	1		Approximate interval Between Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	S A CONSIDERCE OF	hic Perpher l	Vocaler J)(8=8	e				
DICAL	PART II. Other significant conditions contributing to deat	but not resulting in	tha undarlying causa givan in	Pert I. 24a. WAS AN PERFO 1 YES	RMED?	COI DF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetion 2 ERVC		26. PLACE OF DEATH (C) OTHER: Nursing Home 5 Residence							
ВУ РН	27. MANNER OF DEATH 1	TY 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCC	URED				
	4 Homicide determined	JRY — At home, farm, str Specify)	set, factory, office	281. LOCATION (Street City or Town, State)	and Number	or Rural Route	Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my principle one) 2 MEDISTRY EXAMINER: On the best of principle one of the period of the best of the period of	nowledge, death occurred ation end/or investigation,	at the time, date end place, end due in my opinion, death occured at the	to the cause(s) end me time, date end place, er	nner es atate	nd. e cause(s) end	d menner es stated.			
O BE	29b. SIGNATURE AND TYPE OF CERTIFIER.	>	D33	MBER 959	29d. DATE	SIGNED (MOI	nth Day, Year)			
	30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF	St #60	1 Silvers	PringIM	20	910				
	JAN 10 1992 Julia Davidson	GNATURE PROPERTY.		9						



BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE THE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in the 17th ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: II Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE	RTIF	ICATE O	F DEA	ГН	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	11111111111						2. DATE OF DEATH		WE4.0	3. TIME OF DEATH
		ith May	Wagner	r				01-07-92	5.V	YEAR	4:15p M
			8. AGE (In yrs. last	birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF BIRTN		6. BIRTI-	IPLACE (State or Foreign
	2-7 -0 01-1	1 M 2 X F	92	YRS.	MONTHS DAY	HOURS	mere.	(Month, Day, Year) 05-21-1	899		ryland
~	9e. FACILITY NAME (If not institution, give atre			9b. CITY, TOW	N OR LOCATI	ON OF DE	EATN	9c. COU	INTY OF D		
5	Howard County General Columbia Howard										
DIRECTOR	RESIDENCE OF DECEDENT									10d. INSIDE CITY	
뜸	Maryland Anne	Arunde	٦ [G1	en Bu	ırni	Δ	LIMITS?		
	10e. STREET AND NUMBER			1	E 1177		10g, CIT	IZEN OF V	1 ☐ YES 2 🔀 NO		
ER	1000 Edgerly R		21061					USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	ED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE -					— American Indian,	
BYF	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 Xino RORDATES	5	1 U	ES 2 NO	n, Mexice Specify	n, Puerto Rican, etc.)		Speci	t, White, etc.
					1						White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	(Giv	e kind of	WORL OCCUPI work done during se retired.)	TION most of working	g	16b. KIND OF BU	SINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)			memak	or		п	ome		
OM	17. FATNER'S NAME (First, Middle, Last)			110	THE HILLIE		MED'S MAI	ME (First, Middle, Meiden			
	James Scott					10. 110.		lla Wils	,		
BE (19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stre	et end Number		Route Number, City or Tow		n Code)	
2	Bettie Frey									MD 21229	
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remov	20b. PLACE A	1023 Rockhill Ave., Baltimore, MD 2122 CEANDDATEOF DISPOSITION (Name of DATE 20c. LOCATION — City of Town, State								
	4 Donation 5 Other (Specify)		netory or F	Park Cemetery 1-10 Baltimore, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICE	HSEE/Can	H		22, NAME	AND ADDRE	SS OF FAC	eral Hom	^ T	ο Λ	21228
	George E. M	acNabb			301	Fred	leri	ck Rd.,	Cato	AA.	1110 MD
	23. PART I. Enter the diseasea, or co	mplications that	caused the des	th. Do r	not enter the	noda of dvi	na. suci	h as cardiac or reap	ratory ar	reat.	Approximate
	ahock, or haart failura. Li iMMEDIATE CAUSE (Final	at only one csua	a on aach line.						,	,	Interval Between Onset and Death
	diaease or condition resulting in death) a. Shock										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions b. Supsici										
Ĕ	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
2	CAUSE (Disease or injury c.	DUE TO #	OR AS A CONSECU	lley	rleles						
Ē	that initiated events reaulting in death) LAST	302 10 (0	A A CONSEUR	JENGE U	rj:						
CERTIFICATION	d.										-
DICAL	PART II. Other significant conditions		eath but not re	sulting	in the underly	ing cause g	lven in	Part i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	ASCUD, A	Inglia,	CHF					1 YES 2			COMPLETION OF CAUSE DF DEATH?
ME		0									1 TES 2 XNO
PHYSICIAN: ME											
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF D	EATH (Che	eck anly one)			
ΙΥS		Xinpatient 2 🗆 i			4 🗆 Nursing H	ome 5 🗆 Re	eldenca	6 Cher (Specify)			
	27. MANNER OF DEATH 1 X Natural 5 Pending	(Month, Day		26b. TIM INJ	URY	NJURY AT WORK?		28d. DESCRIBE NOW I	NJURY OC	CURED	
BY	2 Accident Investigation	200 BLACE OF	thi stime			YES 2	NO				
	3 Suicide 8 Could not be 4 Homicide detarmined	building, at	INJURY — At hom c. (Specify)	e, tarm, s	Rreet, factory, of	fica		261. LOCATION (Street of City or Town, State)	and Number	or Runal R	oute Number,
COMPLETED	29e. CERTIFIER										
MP	(Check only	AN: To the best of m	y knowledge, deat	h occurn	ed at the time, d	ite end place,	end due	to the cause(e) end mar	iner ee atai	led.	
	one) 2 MEDICAL EXAMINER:	On the design of exe	mination end/or in	vestigatio	n, in my opinion	, death occur	ed at the t	time, data end place, en	d due to th	na cause(e	end manner ae stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	no he	1	2.	10	29c. LICE	-	1	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH STEE	27) (37)	1 cm	10	1-1	1821		1/1	1/42
						וופו	D~:-	יים ביי	اللم		7077
	Warren M. Ros	A 22. RESISTRAN	S SIGNATURE	טע	rsey 1	lall	DLT.	ve, EIII	cott	, U1	cy, MD
	31. DATE ALLED (MONTH) Day 1992	Selve Devids	S SIGNATURE	2							

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ARED , Augus , CHP

such helm some

Page 6 may be retained by the hospital or attending physician. jo detached ag page 5 should funeral director, 24 hours after death. filled in by the fullon, or removal. cremation, or OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020

BOX 68760,

P.O. |

DIVISION OF VITAL RECORDS,

PHYSICIAN:

BY

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item

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MPORTANT within

DIRECTOR: /

FUNERAL C COSPITAL

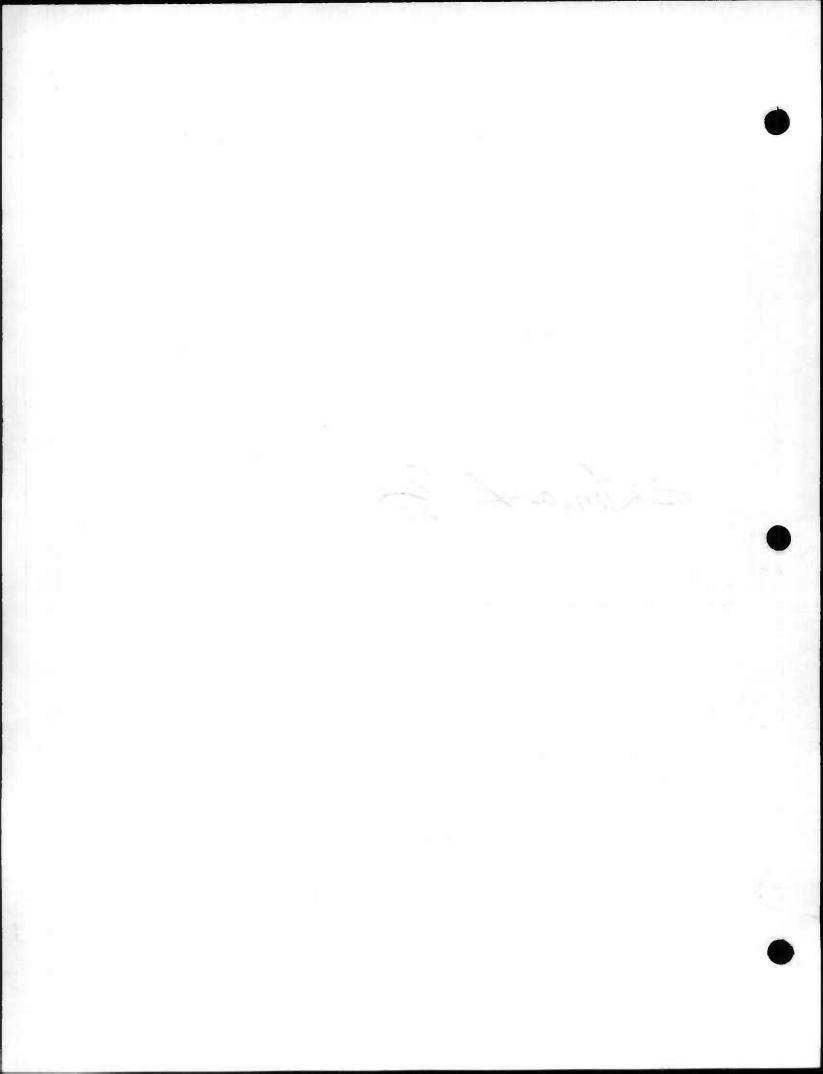
permit. Pages 1, 2, 3 should use as the burial-transit notified at pe must examiner the medical this certificate has been signed by the attending physician and completely to with the State Dept. of Health and Mental Hygiene prior to burial, cremation eveni. traumatic other 10 injury, shows any 23 Hem -0 marked, After

92 00457 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH /09/PAY JAN/9/92 AGNES YOST ESTELLE 0940 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
JUNE 29 1903 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 213-20-2310 1 M 2 XF 88 MARYLAND VDQ Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY MARYLAND BALTIMORE HALETHORPE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5704 FIRST AVENUE 21227 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ZANO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—
If yea, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES BY WHITE COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 8TH ASSISTANT MANAGER HECHT CO. (RETAIL) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) George GILLIS BE Maude FLICK 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 George Gillis 5601 Ashbourne Rd, Baltimore, MD 21227 20a. METHOD OF DISPOSITION
1 ☑ Burial 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 5 DOther (Special) LOUDON PARK CEMETERY 1-13 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD. 21229 23. PART I. Entar tha diseasea, or complications that caused the antar tha mode of dying, such as cardiac or reapiratory arrest, ahock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition 591 reaulting in death) 14 CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 5 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - OOA ns 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending м 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify) COMPLETED 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide datarmined

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 200 8780 30. NAME AND AUDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

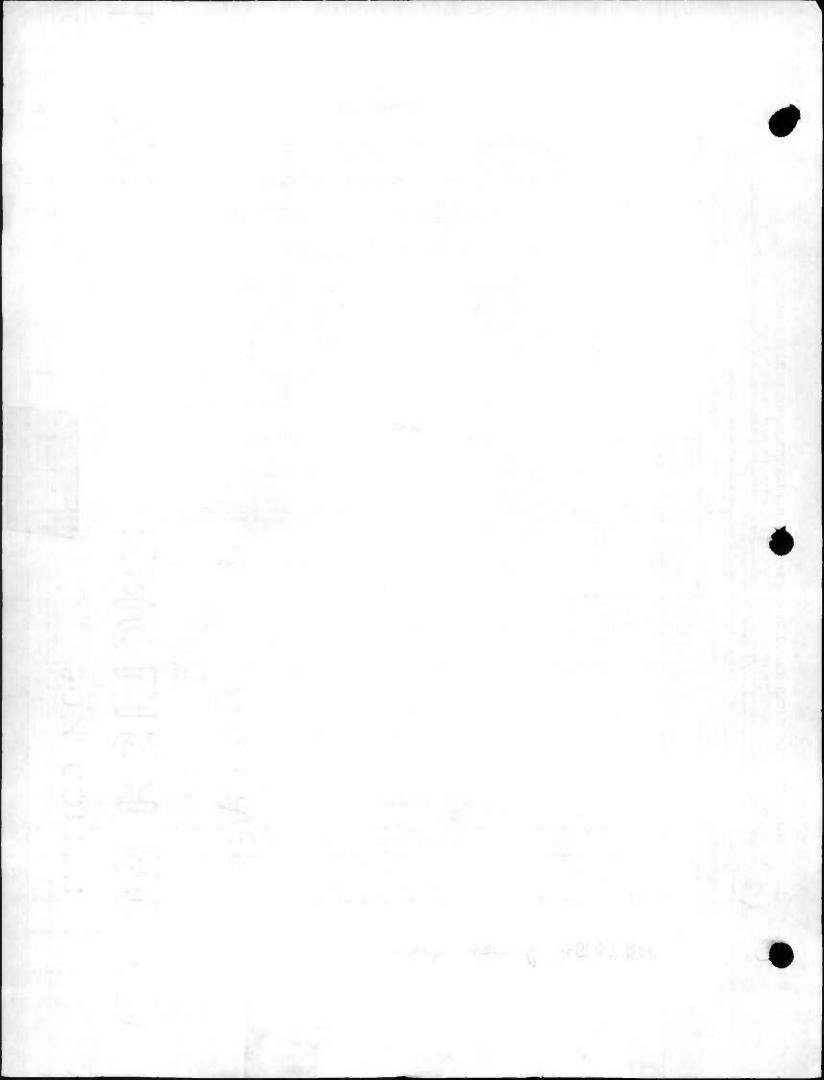
32. REGISTRAR'S SIGNATURE warmidson-liandelle



	24 hours
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
ô	pe
O. B	certificate
S, P	death
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I OF VI	PHYSICIAN:
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5	OR
	PITAL

JAN 101992

FOR STATE REGISTRAR		STATE OF MA					EALTH AND N	MENTAL	HYGIEN						
1. OECEDENT'S NAME (Firs	t, Middle, Last)							2. DATE O	F DEATH	AY	YEAR	3. TIME OF DEATH			
	Jaco	b JOEL I	YED!	INAK				JAN		1992		12:53 P.			
				ist birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.		Day, Year)		8. BIRTH Count	IPLACE (State or Foreign y)			
124-14-907		1 ☑ M 2 □ F 98			YRS.			18/18	93	NEW YORK					
9a. FACILITY NAME (If not					9b. CITY,		OR LOCATION OF DE	ATH		9c. COU	NTY OF E	EATH			
2500 W. B		RE AVE., A	APT. 31	.3			21215								
10a. STATE	10b. COUNT	Y		10c. CIT	r, TOWN O	LOCA	TION		1			10d. INSIDE CITY			
MARYLAND					BALTIMORE						LIMITS?				
10e. STREET ANO NUMBER							. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?			
2500 W. BE	2500 W. BELVEDERE AVE., APT. 313						21215				USA				
11. MARITAL STATUS	. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. AF						ENDENT OF HISPAN			n or No-	14. RAC	E — American Indian,			
1 Never Married 2 3 Nover Married 2 3 Nover Married 2 Nover Ma		FORCES? 1 \$ IF YES, GIVE WA	R OR DATES	NO			2 NO Specify		, Puerto Rican, etc.) Black, White, e Specify:						
		WWI										WHITE			
15. DE (Specify or	CEDENT'S EDU nly highest grade	JCATION e completed)	18e. D	ECEDENT'S Give kind of v	USUAL OC	CUPATION TO THE	ON ost of working	18b. I	(IND OF BU	SINESS/INI	DUSTRY				
Elementary/Secondary	[0-12]	College (1-4 or 5+)							****	D(11 D)					
17. FATHER'S NAME (First,	Middle (net)		_	SAL	ESMA	N	18. MOTHER'S NA	ME (First A4)		DWARE	5				
BENJAMI		NAK									7.1				
19e, INFORMANT'S NAME		TWI II	1	9b. '		(Street	and Number or Rural F	STTIE	_	KNOWN	-				
THEODORE D				10000	300			LUTHI				1093			
209. METHOD OF DISPOSI			20h PLAC	E AND DATI				DATE		CATION -					
1 Burial 2 Cremet	ion 3 🗌 Ren	noval from State	of cemetar	ETH E	or other pl	ve)	DADK 1	19/9				DWN, MD			
21. SIGNATURE OF FUNER	ens	me Le	ven	002		- 1	ND ADDRESS OF FA SOL LEVIN REISTERS	ISON 8				21215			
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)	heert fellure. Inel	. List only one caus		10.			-0	h es cardi	ac or resp	olratory si	rest,	Approximete Interval Betwoonset end D			
Sequentially list cond if any, lesding to imm cause. Enter UNDERL CAUSE (Disease or in	ediete YING	b	OR AS A CONS	EOUENCE O	ter	0	oclaro	ies				yeur			
thet initiated events		DUE TO (OR AS A CONS	EOUENCE O	F):										
resulting in death) LA	SI	d													
PART II. Other signific	eant condition	ons contributing to	death but not	resulting	In the un	derlyir	g cause given in	Part I.	24a. WAS A PERFO	RMED?	24	b. WERE AUTOPSY FINDS AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		LACE OF DEATH (Ch	reck only one)						
1 YES 2 NO		1 Inpatient 2	ER/Outpatiant	3 🗆 DOA		ing Ho	me 5 Residence								
27. MANNER OF DEATH	7 Sandan	28a. DATE OF I (Month, Da		28b. TIN	URY	W	JURY AT ORK?	28d. DEŞ	CRIBE HOW	INJURY O	CCURED				
1 Natural 5 2 Accident	Pending Investigation				М		YES 2 NO	***							
3 Suicide 8 4 Homicide	Could not be determined	building, a	r INJURY — At I nc. (Specify)	nome, farm,	street, fact	ory, offi	CO		TION (Stree ir Town, Stat		er or Hural	Route Number,			
				-		_									
one)		SICIAN: To the best of NER: On the basis of ax										(a) and manner as state			
296. SIGNATURE AND TIT	LE OF CERTIFI	ER An					29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)			
Vocal	Y. 6	en to	m	.0			30 €	280)	•	1-	-8-82			
30. NAME AND ADDRESS	OF PERSON W	THO COMPLETED CAUS	E OF DEATH (IT	TEM 27) (Type	, Print)	-									



BALTIMORE, MARYLAND 21215-0020	burs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ir removal.	redical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	III WE HE PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	INFORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HEATE OF D	ALTH AND M	ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
		Lily Lou	ise All	en		January	1 1992	9:14 a M		
	4. SOCIAL SECURITY NUMBER				F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. Bif	THPLACE (State or Foreign		
	214-18-5196 A	1 M 2 F	89 YRS.	ONTHS DAYS H	OURS MIN.	eb 12, 1		Maryland		
-	9a. FACILITY NAME (If not institution, give s		9	b. CITY, TOWN OR I	LOCATION OF DEA	тн	9c. COUNTY OF			
DIRECTOR	Maryland General	Hospital	-	Baltimor	e City					
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c CITY 1	TOWN OR LOCATION	4			T		
H	Maruland		100					10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER		Ba	ltimore	P CODE			1 X YES 2 NO		
FUNERAL	1102 Druid Hil	1 1				F WHAT COUNTRY?				
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ARMED		21201	ORIGIN? (Specify Yes		SA		
	1 Never Married 2 X Merried	FORCES? 1 YES	2 X NO	It yes, specif	y Cuben, Mexicen,	Puerto Rican, atc.)	Bi	ICE — Americen Indien, eck, White, etc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 U YES 2	NO Specify:		Sp	Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	180. DECEDENT'S US	UAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY			
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	k done during most o etired.)	f working					
MP	Grade School		Private	Duty N	Jurse	Me	edical	Field		
Ö	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Maiden				
BE (Henson Dorsey				Rose F	rancis				
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and i		ute Number, City or Tow	n, State, Zip Code)			
F	Rev. Marion Ba	scum				Baltimo		21217		
	20e. METHOD OF DISPOSITION 1 X Burtel 2 Cremation 3 Rem	20	b. PLACE AND DATE OF	DISPOSITION (Name		DATE 20c. LO				
	4 Donation 5 Other (Specify)	CO CO	Mestern S	Star Ce	meterv			City, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENCEE		22. NAME AND	ADDRESS OF FACIL	Wutter	Funera	1 Homes Inc		
	Herbert	thun 3		2501 0	wynns	Falls Pa D 21216	arkway	1 11011100 1110		
	23. PART I. Enter the diseases or o	complications that cause	d the death De est	Baltin	nore, M	D 21216	5			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition HVIDO the remits.									
	disease or condition resulting in death) Hypothermia Due TO (OR AS A CONSEQUENCE OF):									
	Sepsis									
O	Sequentielly list conditions,									
AT	If any, leading to immediate cause. Enter UNDERLYING	טער ווט (טוו אט	A CONSECUENCE OF).							
CERTIFICATION	CAUSE (Disease or Injury thet Initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):							
E	resulting in deeth) LAST									
AL	PART II. Other significent condition	s contributing to deeth	out not resulting in t	he underlying ca	use given in Pe	ert I. 24s, WAS AN		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC						_ 1 _ YES 2	Table 1	COMPLETION OF CAUSE OF DEATH?		
M								1 YES 2 NO		
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Check	only one)				
1SI	1 TES 2 NO	1 Inpatient 2 ER/Out		THER: Nursing Home 5	Residence 8	Other (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY	AT 2	8d. DESCRIBE HOW IF	JURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation	(moting boy, rour)	***************************************		2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, term, stree	ot, factory, office	2	8f. LOCATION (Street e	nd Number or Rure	l Route Number,		
	4 Homicide determined		oy/		i	City or Town, State)				
5 1	29e. CERTIFIER (Check only	CIAN: To the best of my know	risdge, death occurred a	t the time, date and	piece and due to	the cause(a) and man	not so stated			
0. 1	one)	B. O- M- 1-1-1	n end/or investigation, is	n my opinion, death	occured at the tim	ne, date end place, end	due to the cause	(e) end manner en stated.		
OMP	2 MEDICAL EXAMINE	n: On the beare of axamination								
COMPLETED	2 MEDICAL EXAMINE	7.1		20		<i>x</i> - 1				
BE	2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIER		MID	29	c. LICENSE NUMBE	1	29d. DATE SIGNE			
ш	2 MEDICAL EXAMINED 296. SIGNATURE AND TITLE OF CERTIFIER	1. fortal	MID			A	29d. DATE SIGNE 1/1/9	2 (Month, Day, Year)		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	70)	c. LICENSE NUMBE	A	29d. DATE SIGNE 1/1/9			
BE	2 MEDICAL EXAMINED 296. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	70)	c. LICENSE NUMBE	A	29d. DATE SIGNE 1/1/9			

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF I	REALTH AND DEATH	MENTAL HYGIEN REG. NO	E 92	00460		
	1. DECEDENT'S NAME (First, Middle, Light BEULAH DAY AN					2. DATE OF OEATH MONTH D	TA AE	3. TIME OF DEATH 2 2:41 P M		
	4. SOCIAL SECURITY NUMBER 226-62-6994	5. SEX 6. /	82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-17-09		BIRTHPLACE (State or Foreign Country) EST VIRGINIA		
TOR	9a. FACILITY NAME (If not institution, give ST. AGNES HOSPI RESIDENCE OF DECEDENT				DR LOCATION OF C		9c. COUNTY			
DIRECTOR	10e. STATE 10b. COUN MARYLAND	BALTIMORE		Y, TOWN OR LOCAL BALTIMO			10d. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 452 CALEDONIA A			10			1 VES 2 NO			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 X NO	13. WAS DEC	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14.	J. S. A. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 9TH GRADE	UCATION le completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during more retired.) HOMEMAKI	st of working	16b. KIND OF BUS	SINESS/INDUST			
	17. FATHER'S NAME (First, Middle, Last) MORRIS LILL	v	٠		18. MOTHER'S N	AME (First, Middle, Maiden	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)	L	19b. MAILING	ADDRESS (Street a		TTA LILLY Route Number, City or Town	n, State, Zip Coo	de)		
۲	PHYLLIS FREEMAN		452 C	ALEDONIA	AVENUE	-BALTIMORE,				
	20a. METHOD OF DISPOSITION 1 X Burdel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of cemetery, crematory or other place) SUNSET MEMORIAL PARK									
<	21. SIGNATURE OF PURI NAL SERVICE L	ICENSEE /	*	HUBBA	RD FUNE	RAL HOME IN	IC.	. MD. 21229		
NO	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, Dr heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leeding to immediate couse. Enter UNDERLYING CHRONIC OBSTRUCTIVE LUNG DISEASE CAUSE (Disease or injury that initiated events reculting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE									
BY PHYSICIAN: MEDICAL C	PART II. Other eignificent condition Po L10	Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATH (Ch					
Y PHY	27. MANNER OF DEATH 1 Partial 5 Pending	28e. DATE OF INJU	RY 28b. TIME	E OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	JURY OCCURE	ED .		
	2 Accident Investigation 3 Suicida 6 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, s Specify)	treel, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my k	nowledge, desth occurre	d st the time, date	and place, and due	time, data and place, and	ner as stated.	use(s) and manner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE fay Hersenth	H, m.D.			29c. LICENSE NUI	ABER		MED (Month, Day, Year)		
	JAY GERSTENBLI				IVE B	ALTU. MD	2/22	9		
	JAN 13 1992 Julia Deviden Penders									



Julysician.	The unending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit narmit Pages 1.2 should	The state of the s		
nushia u allenui	ached for use as the		Ce.	
oe retailied by the	de 5 should be del		e notified at on	
the state of the s	funeral director, pa		ilc event, the medical examiner must be noti	
ומוופ באסונה ב ווווי	stely filled in by the	mation, or removal	it, the medical	
200000000000000000000000000000000000000	ysician and comple	prior to burial, cre	r traumatic even	
Company of the control of the contro	by the attending ph	nd Mental Hygiene	ows any lightry, or other traumatic	200
	Data Recognitioned	East Jul Neath 2	m 23 shows am	
できるから	Marjbs, cartifold	Service Pa Sub-	maded, britter	
The second secon	LERAL DIRECTION	in 72 hours game d	IT: If Item 28 is	

	1 - STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAI	RTMENT	OF H	EALTH	AND	MENT	AL HYGIEN		• (10001
	1. DECEDENT'S NAME (First,	Middle, Last)		SHERMAN						2. DAT MON	E OF DEATH		YEAR 2	3. TIME OF DEATH 5:45 Am
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Foreign
	9a. FACILITY NAME (If not in:					9b. CITY	, TOWN O	R LOCATION	ON OF DI		3 / 30		ITY OF DI	,
DIRECTOR	THE JOHNS	HOPK	INS HOSPI	TAL		BAI	LTIMO	ORE				BALI	'IMOF	RE CITY
REC	10e. STATE	10b. COUNT				Y, TOWN				-				10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER		N/A			Balti		ZIP CODI						1 YES 2 ,NO
FUNERAL	3401 Gre	en u ay					101.		2121	8		-	SA	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor	Married road	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XI	RMED NO	1 1	WAS DECE	cify Cuba	n, Mexice	n, Puarto	iN? (Specify Yea Pilcan, atc.)	or No—	14. RACE Black Specif	- American Indian, , White, atc. y: White
TED	15, DECI (Specify only	EDENT'S EDU	CATION completed)	(G	live kind of	USUAL O	CCUPATIO during mos	N st of workin	g	16	b. KIND OF BUS	SINESS/INO	USTRY	WILLEE
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5 +	-)	Art:									
CO	17. FATHER'S NAME (First, MI										Middle, Maiden			
BE	MXXXXXX 19a. INFORMANT'S NAME (7)		s Joseph								Sherm			
5	Charles F.		it	3.	401 (Green	Way	Balt	or Aural I	Route Nui re,	mber, City or Town Mary la:	n, Stete, Zip $nd 21$	218	
	20a. METHOD OF DISPOSITION 1 Duriel XIX Cremetion 4 Donation 5 Dother	20b. PLACE	ACE AND DATE OF DISPOSITION (Name of						TE 20c. LO	20c. LOCATION — City or Town, Stata Baltimore, Maryland				
	21. SIGNATURE OF FUNERAL	SERVICE VI	Eval enakis	M006	40						11-Wie			me d 21212
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition										Interval Between Onest and Death 3 Navs			
MEDICAL	Metasta	death but not r	recuiting	in the un	darlying	cause g	jiven in	Part i.	24s. WAS AN PERFOR	MEO?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:			OTHER	R:	ACE OF DI						
PHYSICIAN:	27. MANNER OF DEATH		1 Inpatient 2 28s. DATE OF (Month, De	INJURY	26b. TIM	E OF	26c. INJU	JRY AT	sidence		er (Specify) SCRIBE NOW IN	JURY OCC	URED	
ВУ		Pending nvestigation				M		ES 2 [NO NO					
	4 Nomicide d	Could not be latermined	28e. PLACE Of building,	F INJURY — At he atc. (Specify)	me, farm, :	street, fact	ory, office			28f. LO C/t)	CATION (Street a r or Town, State)	nd Number o	or Rural Ro	oute Number,
COMPLETED	one) 2 MEDIC	CAL EXAMINE		my knowledge, de temination and/or i	ath occurr	ed at the ti	me, date a	and placa, ath occur	and due	to the ca	suse(s) and men a and placa, and	ner se state	d, ceuse(s)	end manner as stated.
TO BE	29b. SIGNATURE AND TITLE	Bai	raldi-	Junke	ns	M	D	29c. LICE	316	DC.		29d. DATE	SIGNED	(Month, Dey, Year)
	31. DATE FILED (Month, Day, N	Bar	UCL T	UA CL	15		ohn	sH	op 10	in!	Hos	p B	alt	umore MD
	JAN 1 3 199			r's signature Andell	_									

2. DATE OF DEATH

FOR

1 - STATE REGISTRAR

DENT'S NAME (First, Midd

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DIVISION OF VITAL RECORDS,	
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4. SOCIAL SECURITY NUMBER 7. OATE OF BIL IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 6424 O'Donnell Street page 5 should be detached for use as the burial-transit 21224 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, SIVE WAR OR DATES 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. OECEDENT'S EDUCATION (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor/Foreman 10 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Henry Bird atherine Wolfgano te BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Nur 2 Delores Bird 6424 O'Donnell Street executed within 24 hours after death. Page 6 may be must be 20e. METHOD OF DISPOSITION
1) Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE by the funeral director, iremoval. gardens of Faith 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S. Zeiler & Son Inc. medicai filled in by t 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. Liet only one cause on each line. 0 IMMEDIATE CAUSE (Final the cremation, dieaese or condition recuiting in death) B. SQUAMOUS CEU CARCINOMA OF THE DUE TO (OR AS A CONSEQUENCE OF): completely traumatic event, signed by the attending physician and corr Heatth and Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate pe cause. Entar UNDERLYING death certificate CAUSE (Diseese or Injury 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL Aplominal that certificate has been the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATN (Check only one) EXAMINER? the State OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Nome 5 ☐ Residence 6 M Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28 is marked, this c 1 Natural 5 Pending death v 1 YES 2 NO BY After 2 Accident Investigation TO THE HOSPITAL DR ATTENDIN TO THE FUNERAL DIRECTOR: Af be filed within 72 hours after de IMPORTANT: If Item 28 is 3 Suicide 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 6 Could not be determined COMPLETED 4 Nomicide 29e. CERTIFIER (Check only 1 🔀 CERTIFVING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as attend. 2 MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 253 amano 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

MOMILIAO

32. DEGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)

JAN 13 1992

CERTIFICATE OF DEATH

CMSC 8-108

Roland Lamar Bird

PITHPLACE (State or Foreign Pa. 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indien, Bleck, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Food Sales Md. 20c. LOCATION - City or Town, State Overleage Eastern Ave. Approximata intarvai Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 NO OF DEATH? 1 - YES 2 NO HOSP 28d. DESCRIBE NOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Day, 10 2 DHMN-16 Rev 1/89



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Service Comments of the Servic

SERTET SERVICE SERVICE

92-0130-510

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept, of Health a	IMPORTANT: If item 28 is marked, or item 23 shows any

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HE	ALTH AND	MENTA	AL HYGIENE REG. NO.			700	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	E OF DEATH			IME OF DEA	TH
ARTHUR	J.	1	BROWN		01	0 8 O	199	2 4:	50	P "M
4. SOCIAL SECURITY NUMBER 229-40-3218				F UNDER 24 HRS.		OF BIRTH	S.	BIRTHPLAC Country)	CE (State or F	oreign
	AMMZUF	YRS.	LATS DATS	TOURS MIN.	9,	/28/30		Va		
9a. FACILITY NAME (If not institution, give st			9b. CITY, TOWN OR	LOCATION OF DI	EATH		9c. COUNTY			
700 BLK.WASHINGTON BLVD BALTIMORE CITY										
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATIO	N	_			T 10d	INSIDE CIT	
Md.		Ba	ltimore	e, Md.					LIMITS?	
10e. STREET AND NUMBER				IP CODE			10g. CITIZEN			NO
2009 E. Lafa	ayette Ave.			21213			IJ.	S.A		
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECEN	DENT OF HISPAN	VIC ORIGI	N? (Specify Year		RACE - A	merican Ind	len,
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	TES NO	1 YES 2	fy Cuban, Maxica TyNO Specify		Rican, atc.)		Black, Whi Specify:	,	
				Λ]	Black	ς
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of wo	rk done during most	of working	16	b. KIND OF BUSI	NESS/INDUST	TRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Truck								
7. FATHER'S NAME (First, Middle, Last)		TLUCK	Driver							
George Bro	พท		1	8. MOTHER'S NA						
9a. INFORMANT'S NAME (Type/Print)	WII	105 1447 1910 4	DDD FOO (O)	Rut		Tucke				
Pauline Brow	'n		DDRESS (Street and							
0a. METHOO OF DISPOSITION		2009	E. Laf	ayette		re./Ba	Itimo	re,	Md21	21:
Buriel 2 Cremation 3 Ramo	ovel from State 200.	PLACE AND DATE OF	Colored a 1 F	ol k Car	n OAT		ation - city			4.3
1. SIGNATURE OF FUNERAL SERVICE LICE				ADDRESS OF FA	1	Rai	Idali	SLOV	Vn, I	ia.
F	1/2 .	-	SE TOTAL AND	ADDITION OF THE	CLITY					
23. PART i. Enter the diseases, or c	dres	1	Wm.C.	March	1 F/	H 110	L E.	Nort	h Av	e.
Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST		CONSEQUENCE OF): CONSEQUENCE OF):		NOVESCU		<i>V</i> (3)				
PART II. Other aignificant conditions	contributing to death bu	rt not rasulting in	the undarlying c	auaa given in	Part I.	24a. WAS AN AI PERFORM 1 YES 2	ED?	CDM OF D	E AUTOPSY F LABLE PRIOR PLETION OF 0 EATH? YES 2 [CAUSE
5. WAS CASE REFERRED TO MEDICAL			28 PLAC	E OF DEATH (Che	ock only o	nel .				
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpat	tient 3 DOA	THER:				O DT 1	7.T.7 A	CITTY	0.00
7. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (Nursing Home 28c. INJUR		_	SCRIBE HOW INJ			SHIN	
Naturel 5 Pending Investigation	(Month, Day, Year)	INJUR	Y WORK	2 NO		V	ON COCONE			В
3 Suicide 6 Could not be	28e. PLACE OF INJURY	At home, ferm, stre	et, factory, office	- //	28f. LOC	ATION (Street and	l Number or R	tural Route I	Number	
4 Homicide determined	building, atc. (Specif	7//		i	City	or Town, State)	- 30 00 00			
le, CERTIFIER (Check only	SAN: To the best of my knowle	doe, death occurred	at the time date on	d place, and do	lo lhe e	unata) as d ==				
one) 2X XMEDICAL EXAMINER	: On the bests of exemination	and/or investigation.	In my opinion, desti	occured at the	time, date	and place and	or as stated.	((aa/a) am-l	manage of -	detect
SIGNATURE AND TITLE OF CENTIFIER	A /									
(Agoot 00	he mil		21	C. LICENSE NUM	BER	1	29d. DATE SIG	NED (Mont	h, Day, Year)	
NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLSE OF DEAT	TH ATEN AD ATT.	ind)	D.C.M.	Ε.		01-0	9-1	992	
T. YARON LOCK										
DATE FILED (Month, Day, Year)	1.1.4	111 P	ENN ST	REET B	ALT:	IMORE	MARYI	LAND	212	01
ΙΔΝ 13 1992	Julia Davidson-H	andelle					RATIO VALUE			



V NA

PERSONAL PROPERTY.

9c. COUNTY OF DEATH

USA

10g, CITIZEN OF WHAT COUNTRY?

B. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

1 YES 2 NO

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

29d. OATE SIGNEO (Month, Day, Year)

9/92

Onset and Death

8. BIRTHPLACE (State or Foreign

100 Pm

REG. NO.

Bryant John t 7. DATE OF BIRTH
Months Pay. Year 1900 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 213-01-9393 1 🕅 M 2 🗆 F 91 detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH LIBERTY MEDICAL CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE FUNERAL 10a, STREET AND NUMBER 101. ZIP CODE 1938 W. NORTH AVENUE, 21217 24 rours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EOUCATION pecify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) U.S. COASTGUARD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 notified at Lula BE completely filled in by the funeral director, page 5 should 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 2307 Elsinore Avenue, Baltimore, md John L. Bryant pe 20a, METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Western Star Cometery 1/15/92 Catonsville, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MARCH FUNERAL HOME la 4300 WABASH AVENUE or removal 23. PART I. Enter the diseeess, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, ehock, or heart fellure. Liet only one cause on each line. **IMMEDIATE CAUSE (Fine)** cremation, the disease or condition Bowel obstruction OR ATTENDING PAYSICIAN. The law requires that the death certificate be executed within resulting in deeth) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician and cor Health and Mental Hygiene prior to burial, Renal failure CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury Sepsis Injury, or other DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not recuiting in the underlying cause given in Part I. MEDICAL 24s, WAS AN AUTOPSY shows any 1 - YES 2 NO State Dept. c PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate I EXAMINER? HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 青台 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? After this o death with 1 marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation BY 1 YES 2 NO Affer 2 Accident 28a. PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, farm, street, factory, office .22 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after of item 28 is COMPLETED 4 Homicide FLANERAL DIRECTION OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT. If them 2 29a. CERTIFIER
(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attend. DSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 038485 med. H.O. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) medical Center, mBaltimere, mp 21215 mD. Kim Li berty JAN 1 3 1992

32. REGISTRAR'S SIGNATURE unia Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

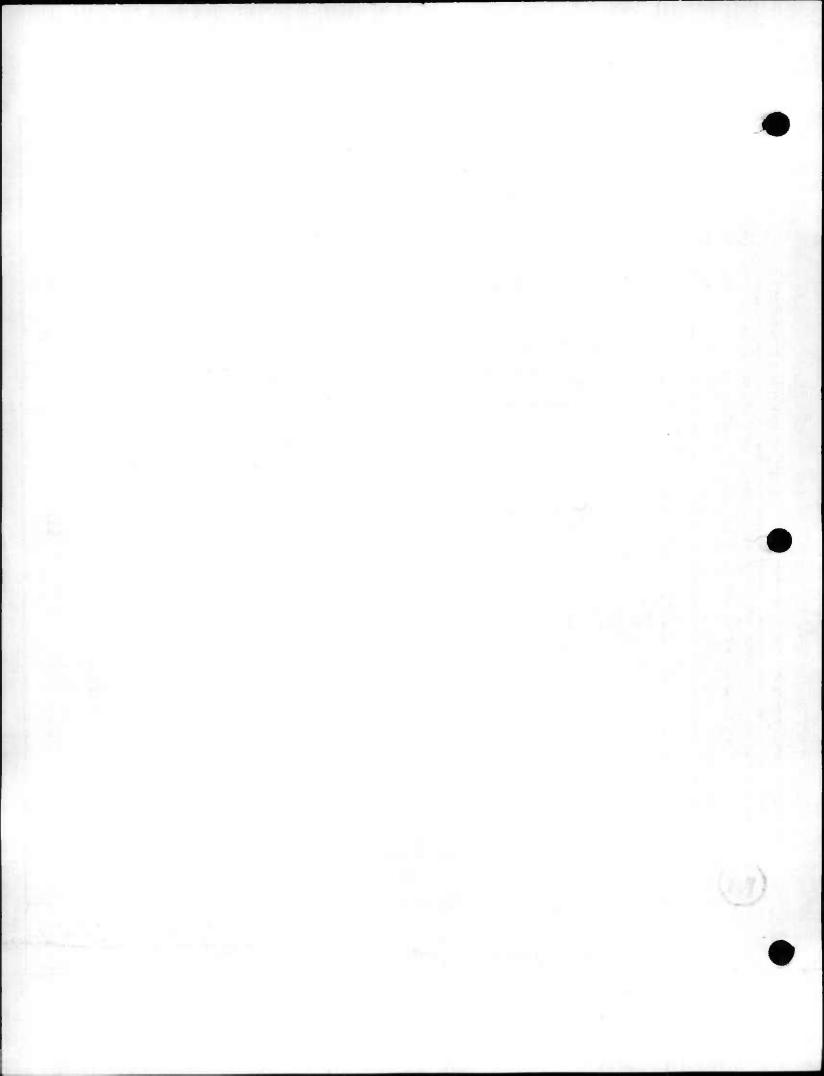
CERTIFICATE OF DEATH

FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

1 -

DHMH-16 Rev 1/89



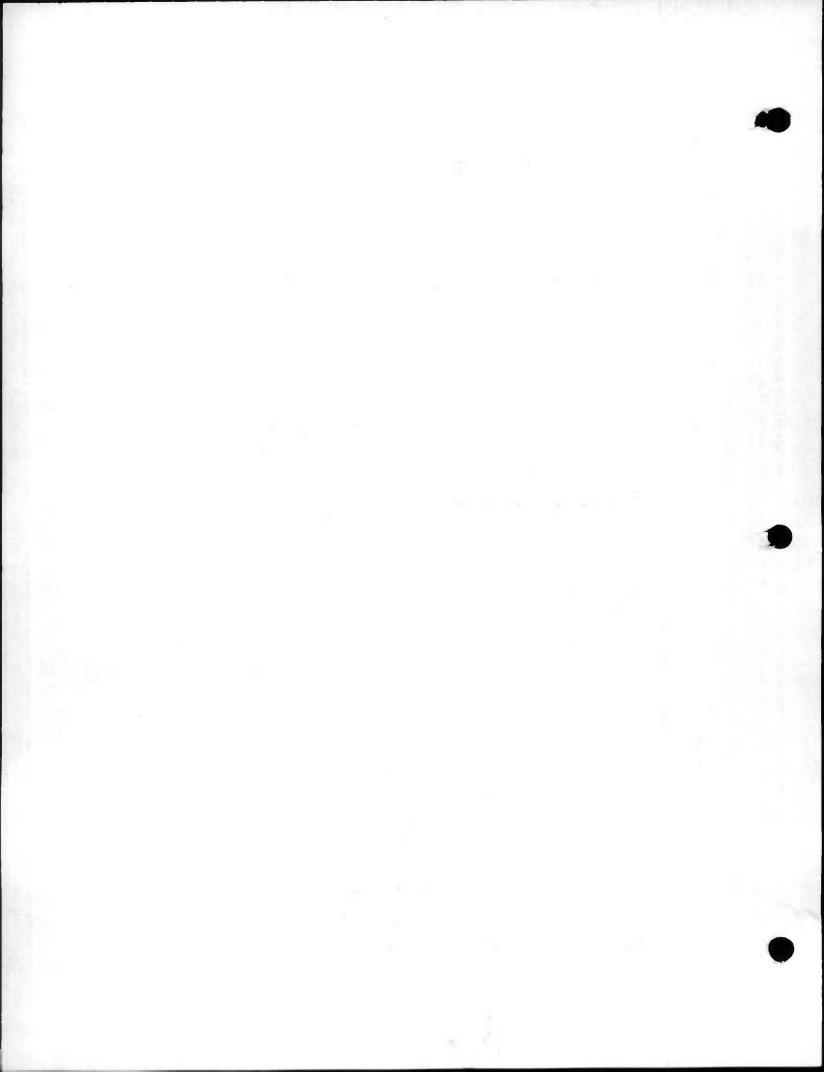
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR		MARYLAND C	/ DEPAR	RTMEN FICAT	TOF H	DEA	AND	MENT	TAL HYGIEN REG. NO			. 00	190;
1	1. DECEDENT'S HAME (First, Middle, Last)								2. DAT	TE OF DEATH	DAY	YEAR	3. TIME OF	DEATH
	Edward Charles								1	iin -		92	5:32	PM W
, ,	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)		DER 1 YEAR	IF UNDER	7		TE OF BIRTH		8. BIRTH	HPLACE (State	or Foreign
1	217-01-4897	1 🔀 M 2 🗆 F	87	YRS.	MONTHS	BAYS	HOURS	MIN.	4	15 04	/,	Me	aryland	d
	9a. FACILITY NAME (If not institution, give s				9b. CIT	TY, TOWN O	OR LOCATI	ON OF D	EATH	15 -	-	UNTY OF D		
OR	St. Agnes Hospi	ital					ltimo				1000		Service.	
5	RESIDENCE OF DECEDENT				_			116						
DIRECTOR	Md 106. STATE 106. COUNT	Υ		10c. CIT		altim							10d. INSIDE LIMITS?	7
AL	10e. STREET AND NUMBER					10f	f. ZIP CODE	E			10g. CIT	FIZEH OF	WHAT COUNTR	
ER	3300 Benson Av	Venue Ant	105				2122	77			USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S.A	ARMED	13	J. WAS DEC	ENDEHT O	OF HISPAN	NIC ORIC	GIN? (Specify Yea		14 BACE	E - American	Indian,
BY F	1 Never Married 2 Married	FORCES? 1	1 YES 2 X	Э НО	- 1	II yea, spe	ecify Cubar	n, Maxica	an, Puaric	lo Rican, etc.)	77	Biack Speci	ok, White, atc.	
	3 X Widowed 4 Divorced						, X	Фр,	<i>f</i> .			opor.	"BL	ACK
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	6	DECEOENT'S (Give kind of v	work done	a during mag	JH at of worldi		16	16b. KIHD OF BUS	SIHESS/IN	DUSTRY			
E	Elementary/Secondary (0-12)	College (1-4 or 5 +		ille. Do NOT us	se retired.))	Il Or Woman	g						
MP										Roofin	na Cr	ompar	٥v	
O.	17. FATHER'S HAME (First, Middle, Last)						18. MOTI	HER'S HA	AME (First	t, Middle, Malden		/IIIpu.	1,4	
BE C	TINKNOMN	1												
	19a. IHFORMANT'S NAME (Type/Print)		7	19b. MAILIHC	MAILIHO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						in Code)			
2	MARY DAVIS									PROVIE			T 020	.07
1	20a, METHOD OF DISPOSITION		20b. PLACE	EAHDDATE	OF DISPOS	OSITION /Nan	me of				DENCE			07
1	1 Donation 5 Other (Specify)	noval from State	cemere	STERN	STAT	R CEN	1ETEP	₹Y 1,	/13/	92 CA	TONSV	/ILLF	MD MD	
- 1	21. SIGNATURE OF FUHERAL SERVICE LIC	ICEHSEE	-			2. HAME AH								
	1400					Hem.	5 ACC	15 Or		MARCH I				
_	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approx													
	23. PART I. Enter the diseasea, or a shock, or heart failure.	complications the	t caused the d	Jeeth. Do r	not enter	r the mor	de of dyi	ng, suci	h as ce	rdiec or respi	iratory ar	rest,		oximate
	IMMEDIATE CAUSE (Finel													rel Between t end Death
1	disease or condition resulting in death)	. Vr	ENTRIC	MLAY	RIF	sefiv	ICAL	101	19-				1100	-
	resulting in dealing	DUE TO	COTAL CONSE	EQUENCE O	/F):								1	
z		· Re	E30121	47014	G	ALLUR	E						İ	
CERTIFICATION	If any, leading to immediate	DOE TO	(Un AS A CONSE	SECUENCE UP	AT JE	/*							-	
S	cause. Enter UNDERLYING	. 00	mesi	wy.	He	ail	ta	whe	2					
Ē.	CAUSE (Disesse or Injury thet initiated evants	DUE TO	(OR AS A COHS!	the Heart farmer (secure of):									+	
F	resulting in deeth) LAST	121	abete	i m	ell	ute	-						ļ	
	The state of the s												1	
AL	PART II. Other significent condition	is contributing to	dasth but not	resulting i	in the ur	nderlying	ceuse g	jivsn in	Pert i.	24a. WAS AH		24b.	. WERE AUTOPS	
MEDICAL										1 TYES 2			COMPLETION	
ME										The state of the s	U		DF DEATH?	40
									_] ∐ IE9 a	□ no
X	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH (Ch	eck only	nnel				
SIC	EXAMINER? 1 YES 2 HO	HOSPITAL: 1 Inpatient 2	FR/Outpatient	3 DOA	OTHER	R:								
PHYSICIAN:	27. MANHER OF DEATH	28s. DATE OF	IHJURY	28b. TIME	AE OF	28c. IHJU		ildence .		her (Specify) EŞCRIBE HOW IH	A ILIBA OC	-OURFO		
	1 Hatural 5 Pending	(Month, De	sy, Year)		JURY M	WOR		1 NO	200.	Schief	MUNI CO.	JUNEO		
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE C	OF IHJURY A1 h	home. farm,				-	201 LC	CATION (Street a	- Atombay	- Privat f	- Number	
COMPLETED	4 Homicide 8 Could not be	building,	atc. (Specify)	Sitter, L.	Court	1017, 0	,		City	ty or Town, State)	nd Numuw	Of Hurai ra	ioute Numuer,	
<u>u</u>	29a. CERTIFIER													
APL	(Check only	SICIAH: To the beat of												
ō	2 MEDICAL EXAMINE	ER: On the basis of ax	amination and/or	/ Investigation	∍n, In my c	opinion, de	ath occurs	ed at the	time, dat	te and place, and	d dua 10 th	se cause(s)) and manner	as atated.
	29h STENATURE AND THE OF CERTIFIER	R					29c. LICE	HOE NU	MRED		29d DAT	E SIGNED	(Morgh, Day, Ye	Mara)
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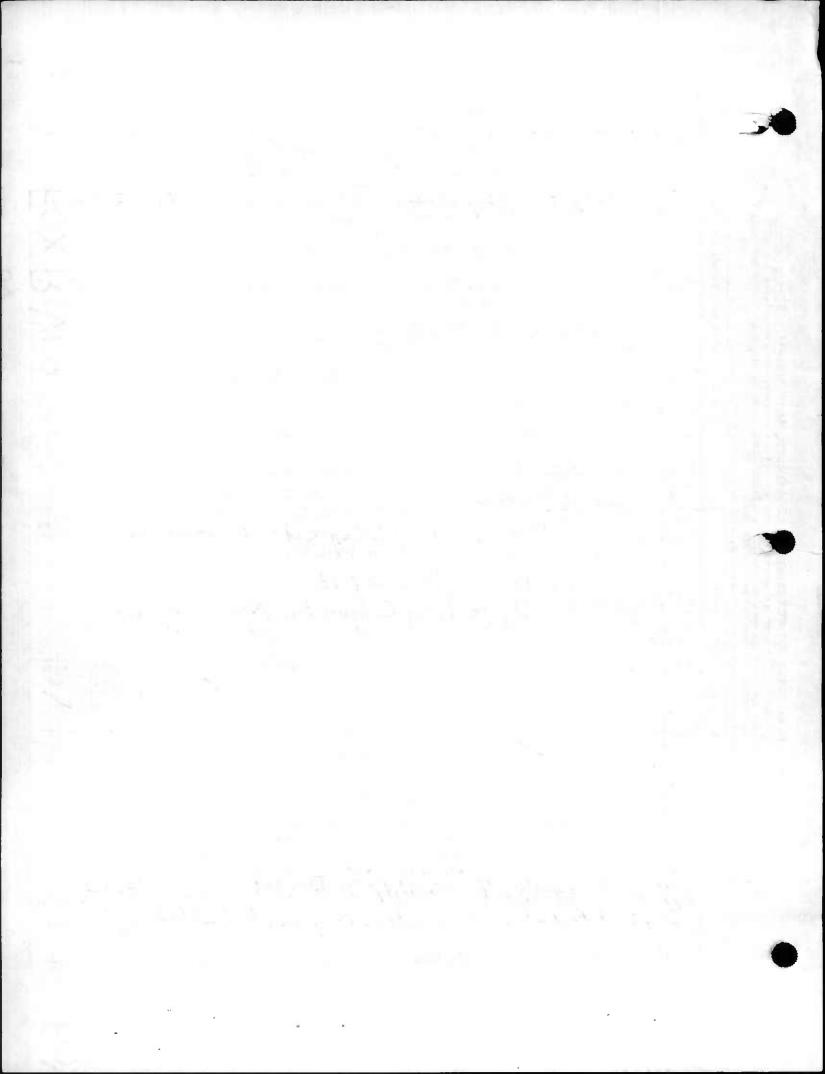
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within [27] juris and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	
	-	-	-	

1. DECEDENT'S NAME (Fir	st, Middle, Last)	J.	RRO	OKS	S				2. DATE OF DE	ATH DAY	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs.	lest birthdev)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIR	тн		HPLACE (State or Foreign
Newborn		1 M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	Coun	ryland
9a. FACILITY NAME (If not		2 ob CIT	Z TOWN	OR LOCATI	ION OF D			UNTY OF	**			
CT I	co:	101	5D. OI	12	250			K	2017	IMORE		
RESIDENCE OF DE	PP1-	1111		100	NSC	119		1	MIC)	THORE		
10a. STATE	10b. COUNT	Υ	10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY	
Maryland	na			Ва	ltin	ore						LIMITS?
10e. STREET AND NUMBE	R					10	H. ZIP COD	Œ		10g. C	ITIZEN OF	WHAT COUNTRY?
1022 N	1022 N. Fulton Avenue							212	17		USA	A
11. MARITAL STATUS		12. WAS DECEDEN	FEVER IN U.S.	ARMED	13.	WAS DE	CENDENT	OF HISPA	NIC ORIGIN? (Spe	cify Yes or No	-	E - American Indian.
1 Never Married 2	Married	FORCES? 1	YES 2			If yes, s	pecify Cub	en, Mexico	n, Puarto Rican,	etc.)	Blac	ck, White, etc.
3 Widowed 4 DI	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES					1 📙 76	5 2 NO	Specif	у.	no	Spec	Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				USUAL C	CCUPAT	ION		16b. KIND	OF BUSINESS/I	NDUSTRY	DIACK
(Specify of Elementary/Secondary		College (1-4 or 5 +	,	(Give kind of life. Do NOT u	work done ise retired.)	during m	ost of world	ing				
	(6.12)											
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	THER'S NA	ME (First, Middle,	Maiden Surname)	
Paul Bro	oke						T.	atr:	ina Broo	oke		
19a. INFORMANT'S NAME				19b. MAILING ADDRESS (Street and Number or Run							Zip Code)	
Katrina E		Mother				-			ue, Bal			
20a, METHOD OF DISPOS		Mother		CE AND DAT				Aven		20c. LOCATION		
1 🗆 Burial 2 🗆 Crema	tion 3 🗆 Rem	noval from State		tary, cremator			N (Name		DATE	ZOC. EUGATION	— Oily or 1	own, otala
4 Donation 5 Oth		CEMBER A			22	NAME /	ND ADDRI	ECC OF E	CILITY			
21. Siding and of the	1	Ronal	d Wade						Sta	te Ana		
655 W. Baltimore St, Balto., MD 21201												
if any, leading to imn cause. Enter UNDER! CAUSE (Disease or in that initiated events	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury)											
resulting in death) L	resulting in death) LAST											
PART II. Other algniff	cant conditio	ns contributing to	death but n	ot resulting	in the u	nderiyi	ng cause	given ir		WAS AN AUTOPS	SY 24	b. WERE AUTOPSY FINDINGS
										PERFORMED? YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 LHO
25. WAS CASE REFERRED	TO MEDICAL					26.1	PLACE OF	DEATH (C	heck only one)			
EXAMINER?		HOSPITAL:	EB/Outrast	4 9 C 50*	OTHE	R:				-16.3		
27. MANNER OF DEATH		28a. DATE OF		28b. TII		-	me 5 ∐ F	nesidence	6 Other (Spe	elly) E HOW INJURY	OCCURED	
	Pending	(Month, D			JURY	A	VES 2		200. DESCRIBI	E HOW INSONT	OCCORED	
2 Accident	investigation	28a DI ACE C	F INJURY — A	N home form	educat fo				284 LOCATION	(Street and Num	ther or Dum	I Doube Murcher
3 Suicide 6	Could not be determined		atc. (Specify)	st nome, mm,	, street, ra	ctory, on	ICO		City or Tow		iber or nure	r Houte Number,
CONSTRUCTION -		ER: On the best of a										o(a) and manner as stated.
290. GIGHATTURE AND THE	mc L	ensky M	Fil	led to	alle Put he	o wood y	1	CENSE NO		29d. I	-	ED (Month, Day, Year)
Dept. of Pediatrics, University of Manyland Medical School 21201												
31. DATE FILED (Month, D	ev. Year)	32. REGISTR	R'S SIGNATUI	RE	70	1 / [- y/	uno	7		. , 00	7 21201
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the control feath. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained authorized the common of removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND	MENT	AL HYGIEN	92		10667	
	1. DECEDENT'S NAME (First, Middle, Lest) MILDRED ELI	ZABETH BUR	RS	No.		2. DA MOI Ja		199	YEAR 2	3. TIME OF DEATH 12:18 A M	
	4. SOCIAL SECURITY NUMBER 175-34-3270	5. SEX 6. AGE ((In yrs. last birthday) YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OAT	e of Birth	1	Country	PLACE (State or Foreign	
OB	98. FACILITY NAME (If not Institution, give st 20925 York Roa				own on location of c	DEATH		9c. COUN Bal			
DIRECTOR	nesidence of Decedent 10a. STATE 10b. COUNTY Maryland Balt	imore		rktor						10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 20925 York Roa	đ			101, ZIP CODE 21120				S.A	YHAT COUNTRY?	
à	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	N U.S.ARMED 2 F NO DATES	16	AS DECENDENT OF HISP/ yes, specify Cuban, Mexic YES 2 NO Spec	en, Puer		or No—	14, RACE Black Speci	- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT HOUSE)	work done du use retired.)	CUPATION ring most of working	1	Own				
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles H. Ben	edict			Ell	en '	t, Middle, Maiden V. Ort	TO THE PERSON NAMED IN COLUMN			
2	19a. INFORMANT'S NAME (Type/Print) Linda M. Verdi	-	2092	5 Yor	Street and Number or Rura	Par	kton,	MD 2	112		
	206. PLACE AND DATE OF DISPOSITION (Name DATE OF DISPOSITION (Name of cemetary, or other place) 206. PLACE AND DATE OF DISPOSITION (Name DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DISPOSITION (NAME DATE OF DI										
	· 44 M	whenste	ui	24	J. Harter Second S	ste.,				Inc. , PA 17349	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, interval Between Onset end Death Metastatic Lolon Cancer With Drain Spread									Onset end Death	
ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to deeth	but not resulting	in the unc		3	PERFOR	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOO	HOSPITAL: 1 Inpatient 2 ER/Out	tpetient 3 🗆 DOA	OTHER 4 Nursi			ther (Specify)	7750			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF NJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d.	DEȘCRIBE HOW	NJURY OCC	CURED		
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCAT City or								Route Number,	
COMPLETED	one)	ICIAN: To the best of my know								a) and manner as stated.	
BE	29b, SIGNATURE AND THE OF CENTURE	1. mg			DIG.	UMBER -	7	29d, DATE	E SIGNED	(Month, Day, Year)	
2	Paul Chang, my	5601 Loch 1	loven B	lud, S	te 107, Ba	Ho,	MD ?	2123	9	7-	
	31. DATE FICED Month, Off Year) 32. REGISTRAN'S SIGNATURE JAN 13 1992 Suna Davidson Romans.										

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CERTIFICATION

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IMPORTANT: II

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1/8/92 ELIZABETH I BADEN 9:44 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 213-38-1981 92 **HOURS** YRS. /4/1899 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery RESIDENCE OF DECEDENT General Hospital Olney Montgomery 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 YES 2 NO 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 3533 Fitzhugh Lane USA 20906 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yes or No—If yes, specity Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12 College (1-4 or 5+) School Teacher Education 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James Arthur Baden Mattie Minerva Hyde 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) M. Minerva Baden Same as 10e. 20a. METHOD OF DISPOSITION
1 □XBurlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State congress, crometory of the collection of the col 4 Donetion 5 Other (Specify) Baden, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Muriel H. Barber Funeral Home Box 5038, Laytonsville, Md 0. 20882 23. PART I. Ental the dieaesee, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete IMMEDIATE CAUSE (Final Onset and Death Respiratory disease or condition resulting in death) Sudden DUE TO (OR AS A CONSEQUENCE OF Arterio sclerofic Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significant conditione contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? Cerebrovascular) I sease

25. WAS CASE REFERRED TO MEDICAL

6 Could not be

determined

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WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO **COMPLETION OF CAUSE**

1 TES 2 NO

1 YES 2 NO

27. MANNER OF DEATH

1 X Natural

2 Accident

3 Suicide

4 Homicide

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DDA 28e. DATE OF INJURY (Month, Day, Year) 5 Pending

OTHER: 28b. TIME OF

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

g Home 5 Residence e Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO

26. PLACE OF DEATH (Check only one)

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER

(Chack only

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) .

29c. LICENSE NUMBER 150

29d. DATE SIGNED (Month, Day, Year) 1992 81 an Chevy Chase

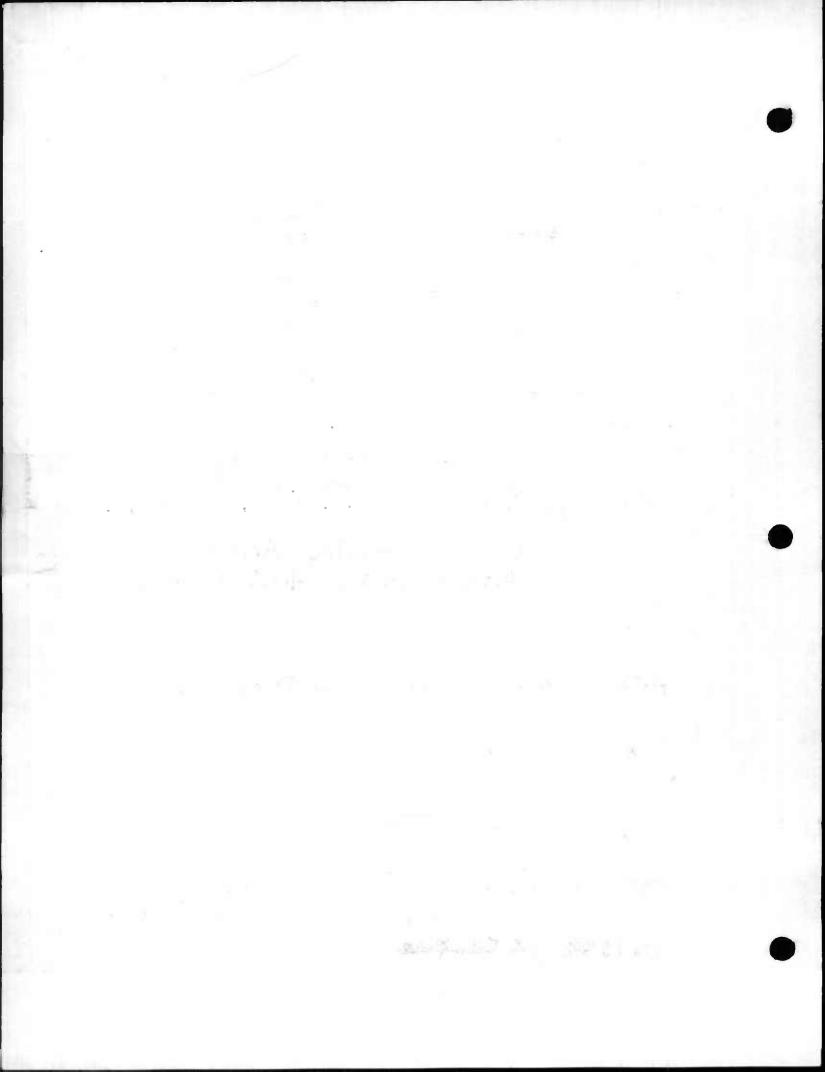
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JOHN GUSTAFSON 5480 Wisconsin M.D.

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29b. SIGNATURE AND TITLE OF CERTIFIER





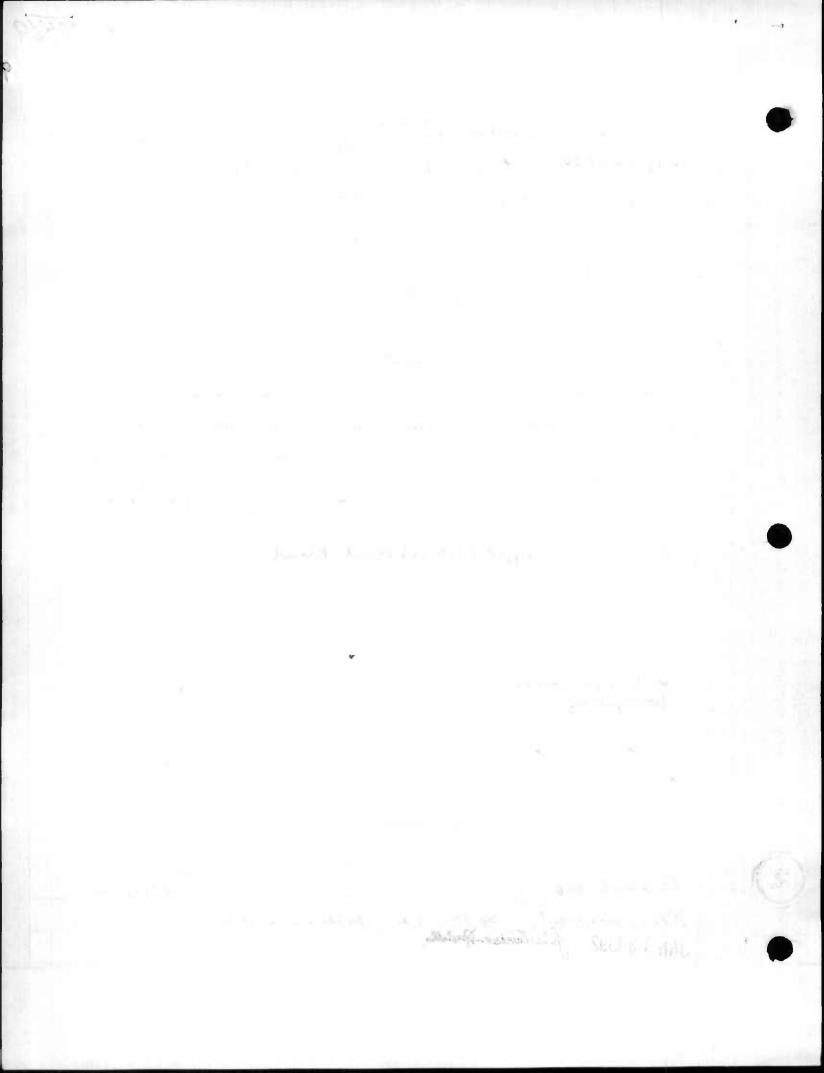
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth B. Bronikowsk Elizabeth B. Bronikowsk				Ĺ		2. DATE OF DEATH MONTH DAY 9		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 2 16 0 5 0 7 3 6	1 🗆 M 2 🎘 F	84	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	NOV. 27,190			8. BIRTHPLACE (State or Foreign Country) Maryland	
	9e. FACILITY NAME (# not institution, give effect and number) Mercy Medical Center RESIDENCE OF DECEDENT			96. C11	or Location of D	9c. COUNTY OF DEATH			— —		
	10a. STATE 10b. COUNT	Y	1	10c. CITY, TOWN OR LOCATION					-	1	0d. INSIDE CITY
	Maryland			Baltimore							XXYES 2 NO
	10e. STREET AND NUMBER			10f. ZIP CODE			The second secon				AT COUNTRY?
	811 S. Glover St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			21224			U. S. UNIC ORIGIN? (Specify Yea or No				- American Indien,
	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES GIVE WAD OD DATES			NO If yes, specify, Cuban, Mexicen, 1 ☐ YES 2 🔁 NO Specify:				n, Puerto Rican, etc.) Black, W		
	15. DECEDENT'S EDU (Specify only highest grade	completed)	18e. DECEI	DENT'S USUAL C kind of work done NOT use retired.)	CCUPATI during m	ON ost of working	16b	KIND OF BU	SINESS/INDU	ISTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+) NA		igar Sh				Cigar	Facto	rv	
	17. FATHER'S NAME (First, Middle, Last) Francis Werner				18. MOTNER'S NAME (First, Middle, Maiden Surname) Frances Kocent						
	190. INFORMANT'S NAME (TyperPrint) Bernadette E. Carroll (Niece) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5716 Charlestowne Dr., Baltimore, Md. 21212										
	20e_METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal from State 20b. PLACEAND DATE Continue of the Continue of				ame of	-	DATE 20c. LOCATION — City or Town, State Baltimore, Md.			
	21. SIGNATURE OF FUNERAL SERVICE UCENSER Sch 333					AF AND ADDRESS OF FACULTY LIMUNEK FUNETAL Homes, Inc. B1 Brehms Lane, Balto., Md. 21213					
RTIFICATION	disease or condition resulting in deeth) a. Upper Gastring Strail Bleed Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): CAUSE (Disease or injury that initiated eventa resulting in death) LAST Due to (or as a consequence of):										
S	d										
IE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the under this tong of stocker Ostcompelities				nderiyin	g ceuse given in	in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24			C	ERE AUTOPSY FINDIF VAILABLE PRIOR TO OMPLETION OF CAUS F DEATN? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	<u> </u>			26 P	ACE OF DEATH (C)		-1		1	
	EXAMINER? 1 YES 2 NO	HOSPITAL: DATE Control Contro									
	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	25e. DATE OF INJURY (Month, Day, Year)		Sb. TIME OF INJURY M	28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide S Could not be determined					trice 281. LOCATION (Street and Number or Rural R City or Town, State)				r Rural Rou	te Number,
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as state										
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	29d. DATE SIGNED (Month, Day, Year)			lonth, Day, Year)	
10 B	blight forthe ino									1/13/92	
	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) MCray Hospital St Gaulst Baltimore MD										
	JAN 13 1992	32/REGISTRAR'S	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending ph	More this confidence has been already by the obtaining the second committee of

marked,

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DIRECTOR: A hours after de Item 28 Is

be filed within 72 h

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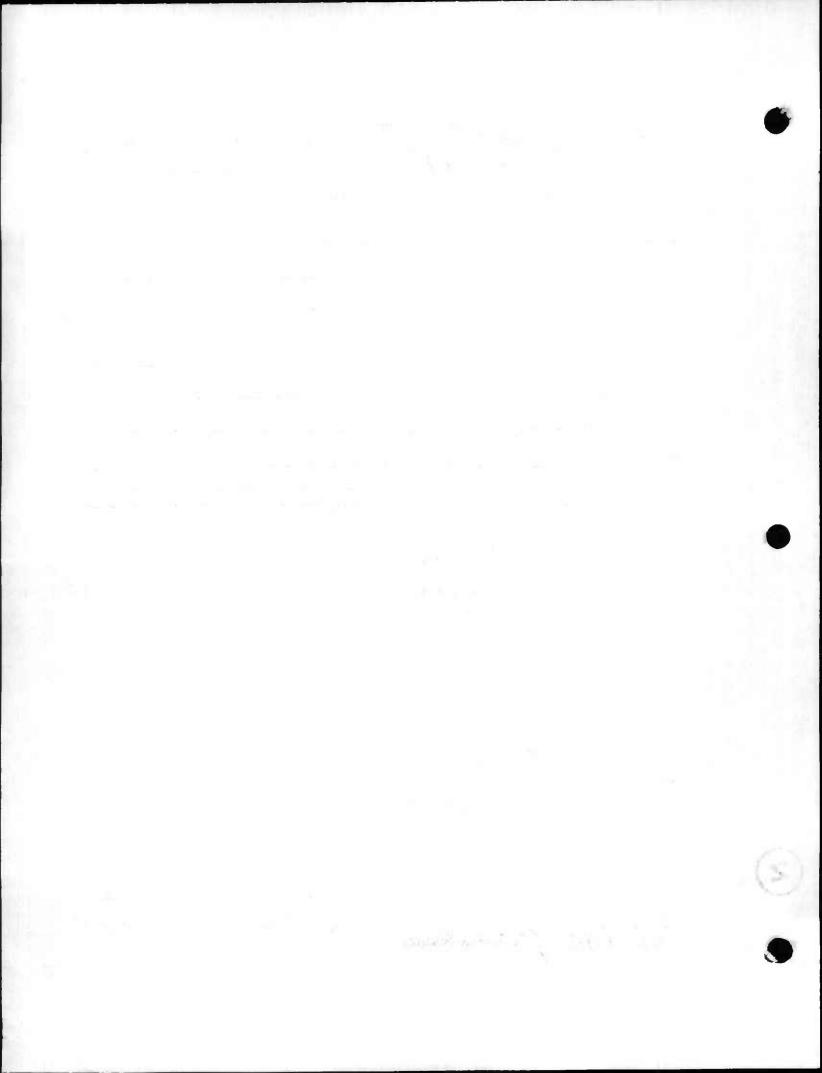
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permit. Pages 1, 2, 3 should burial-transit the SP use once. notified at be must examiner medical cremation, or the traumatic event, burial, prior to other 0 Injury. n signed by t. f Health and ! e Dept. of Health and m 23 shows any In this certificate has with the State De nrked, or Item 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) Mary J. Bell 2. DATE OF DEATN 3. TIME OF DEATH N ar. p 2 4. SOCIAL SECURITY NUMBER 5 SEY AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 214-01-2750 8 Jan. 22, 1904 1 M 2 41 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL BALTIMORE CHURCH DIRECTOR - - - -RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland - - - -Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2804 Erdman Avenue 21213 U. S. A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, stc.)

1 YES 2 ANO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) NA College (1-4 or 5+) Seamstress Manufacturing Co. 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Thomas Bell Catherine Murphy 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Samuel Culotta (Atty) 3210 Belair Road, Baltimore, Md. 21213 20c. LOCATION — City or Town, State DATE Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Balto., Md. 21213 23. PART Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition___ Mumoria reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS. AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Dispetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Name 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATN 260. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY - At home 3 Sulcide ETED 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Nomicide determined 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the beet of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. COMPL 2 MEDICAL EXAMINER. On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, and due the couse(e) and menner as stated. 29b. SIGNATURE AND TUTCE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10 Mystcia 2 WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 100 NBroadua

THE CHARLASIGNA ALE



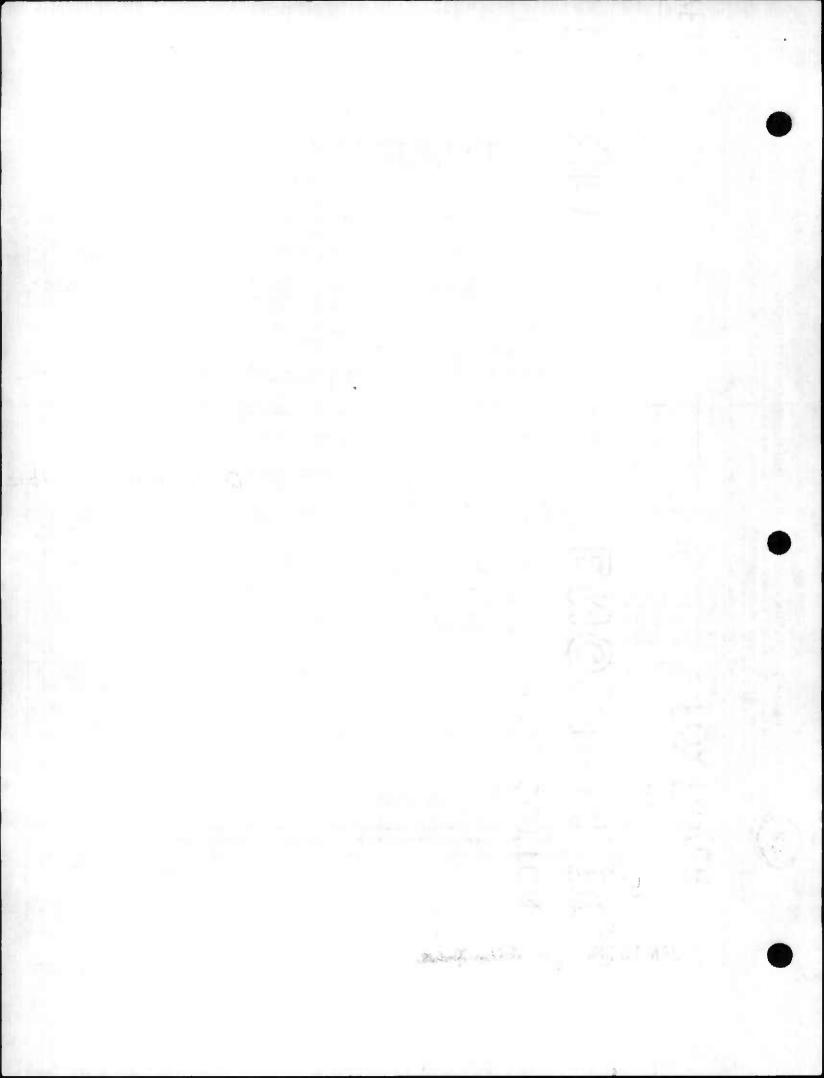
FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (FIRE	st, Middle, Lest)	INIA	Virginia	L. Bu	ırris			2. DATE MONTH	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUI	MBER	5. SEX	6. AGE (In yrs. last	birthday) IF L	INDER 1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH	T	6. BIRTH	PLACE (State or Foreign
	215-26-620	1	1 M 2 X F	67	YRS. MON	THS DAYS	HOURS	MIN.	9-C)5-192	4	Country Marv	land
	9a. FACILITY NAME (If not	institution, give :	street and number)		9b.	CITY, TOWN	OR LOCAT	ON OF DE				TY OF DE	
8	Liberty Medical Center					Balti	more	City	У				
DIRECTOR	RESIDENCE OF DE	10b. COUNT	TV.		40 OITY TO	WW OR LOCA	TION						404 INDIDE OUT
≝		TOB. COUNT		110	10c. CITY, TO	WN OR LOCA	ATION						10d. INSIDE CITY LIMITS?
- 1	Maryland 100. STREET AND NUMBE					L			timor	e	I		1 X YES 2 NO
₹ I	West and the second					10	M. ZIP COD		1011		10g. CITI		HAT COUNTRY?
빌	3677 Ash S	treet	T 40 WMC DECEDES	NT EVER IN U.S. ARI	ump.	40 1400 00	OCHOCAT		1211	? (Specify Yas		U.S	
BY FUNERAL	1 Never Married 2 3 Widowed 4 Di		FORCES?	YES 2 MN		If yes, s		an, Maxics	n, Puarto F		or No.	Black Specif	- American Indian, White, etc. White
		CEDENT'S EDU			CEDENT'S USU				16b.	KIND OF BU	SINESS/IND	USTRY	
LET	Elamentary/Secondary		College (1-4 or 5	life.	ve kind of work of Do NOT use ret	ired.)	lost or work	ng					
P P	Unknown				Homema	ker							
COMP	17. FATHER'S NAME (First,	Middle, Last)		811 11 10			16. MOT	HER'S NA	ME (First, I	Middle, Maiden	Surname)		
ш	Ralph W. C						1	Elmi	ra W.	Long	Coll	ins	
0 B	19a. INFORMANT'S NAME		()	19b	MAILING ADD								
-	Mr. David	Burris	(Son)		1423 W	. 36t	h Sti	reet	Ba1	timore	e, Ma	ryla	nd 21211
	20a. METHOD OF DISPOS 1 ☐ Burial 2 X Crema		moval from State		AND DATE OF crematory or o		N (Name		DAT		CATION -		
	4 Donation 6 Oth	er (Specify)			o Cren				1	Cat	tonsv	ille	, Marylan
	21. SIGNATURE OF FUNE	RAL SERVICE LI	ICENSEE	1	, ~	22. NAME A			L	Jugue	- De	nos)	theneral
	1/1/	1100	Lound	a non	tin	3631	Fall	ls Ro	oad T	Baltir	nore,	Mar	yland 212
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
MEDICAL C	PART II. Other eignifi	cant conditio	ons contributing to	o deeth but not n	esuiting in ti	ne underlyli	ng ceuse	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b.	WERE AUTOPSY FINDIG AWALABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
ä							_						
5	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	Contractions	O	26. I THER:	PLACE OF	DEATH (C	heck only or	ne)			
PHYSICIAN:	1 YES 2 NO		1	☐ ER/Outpatient 3	3 DOA 4 Nursing Home 5 Residence 6 Other (
11.0	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	Day, Year)	26b, TIME OF	W	NJURY AT	□ .ua	28d. DE	28d. DEŞCRIBE HOW INJURY OCCURED			
BY	2 Accident	Investigation		OF INJURY At ho	4		YES 2	□ NO	201.100	281. LOCATION (Street and Number or Rural Route Number,			
	3 Suicide 8 [Could not be determined	building	, atc. (Specify)	me, rarm, etree	t, ractory, on	HC W			or Town, State		or Humii r	oute Number,
E	29a. CERTIFIER												
COMPL	(Check only		SICIAN: To the best of										
ᅙ				and/or and/or i	investigation, ir	i my opinion,	death occ	ured at the	e time, date	and place, a	nd due to th	e cause(a) and manner as state
BE	29b. SIGNATURE AND TIT	LE OF CENTIFI	206	rp	-		29c. Li	ENSE NU	MBER 49	1	29d. DAT	E SIGNED	(Month, Day, Year)
	-	-											/ /
5	30. NAME AND ADDRESS	Cy be	HO COMPLETED CA	LE OF DEATH (ITEI	M 27) (Type, Pri	alfo	MI	2	1215				
	2600	Libe	m5/13	LISE OF DEATH (ITEI	M 27) (Type, Pri	alfo	MI	2	1215				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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FINE UM ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	EFM. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		If Hem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	FOR 1 - STATE	STATE OF MARYL	AND / DEPAR	RTMENT (OF HEALTH	AND M	* 11 (12)	5511	92	0047
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las				OF DEA	TH	REG. NO	-		
	EARNEST	ByRd					2. DATE OF OEATH MONTH	1 92	YEAR 3. TI	100 W
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y	YEAR IF UNDE	R 24 HRS,	7. DATE OF BIRTH (Month, Day Year)	1	B. BIRTNPLACE Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give		86 YRS.	9b. CITY. TO	OWN OR LOCAT	ION OF DEA	2/25/		South	Carolin
OR		OSDITAL			BAL.	hom	DRE	SC. COUNT	T OF BEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	10c. CIT	Y, TOWN OR	LOCATION		-		10d	INSIDE CITY
	mp	BAltimor	E						AS	YES 2 NO
FUNERAL	10e. STREET AND NUMBER	4.6			10f. ZIP COD	E		10g. CITIZI	EN OF WHAT	COUNTRY?
N N	1815 North A	ppleton St 12. WAS DECEDENT EVER II	N U.S. ARMED	12 WH	S DECEMBENT	L L	ORIGIN? (Specify Ye	(USA	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If y	es, specify Cubi	an, Mexican,	Puerto Rican, etc.)	or No-	Black, White	nerican Indian, la, etc.
COMPLETED	15. DECEDENT'S EL (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done duri	UPATION ing most of worki	ing	16b. KIND OF BU	SINESS/INDU	STRY	7-0
PLE	Grade School	Collega (1-4 or 5+)			Conat	ruat	.Balto	Cas &	. F10	otrio
SON	17. FATNER'S NAME (First, Middle, Last)		Бароге	y oas			E (First, Middle, Maiden		LIE	- 01.10
BE	Golden Byrd				Ar	nnie	Davis			
5	19a. INFORMANT'S NAME (Type/Print) Clarence Byrd						ute Number, City or Tow			
	20g. METNOD OF DISPOSITION 1X Burlal 2 Cremation 3 Re	206	PLACE AND DATE	OF DISPOSITION	erton ON/Name of	Rd	Randall		ty or Town, St	
	4 Donation 5 Other (Specify)	M	netery, crematory or or aryland	Nat	1 Mem	ı Pk	1/14 T.	aurel	. MD	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1.1-	22. NAI	ME AND ADDRE	SS OF FACI	Nutter Falls P D 2121	Fune	ral F	lomes In
	22 PART : Frank	y . I to	uller	Bal	ltimor	e, M	D 2121	arkwa 6	. У	
	23. PART i. Enter the diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)	a. Luclic	the death. Do nach lina.	Più	a moda of dy	ing, such	aa cardiac or resp	iratory arres		Approximata Interval Batween Onset and Death
NO	Sequentially list conditions.	b							į	
	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CERTIFICA	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF	ŋ:						
ERT	resulting in death) LAST	d								
	PART II. Other significant condition	one contributing to death b	ut not resulting	7 the unda	rlying cause	given in Pr			24b. WERE	AUTOPSY FINDINGS
MEDICAL	Sepsis,	Henal	faile	u			PERFOR	2 2		ABLE PRIOR TO LETION DF CAUSE EATN?
. ME	- Junger	Sepsin.					_	1		YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	EVA.			26. PLACE OF D	EATH /Chaol	one the contract			
PHYSICIAN	1 Tyes 2 Tho	HOSPITAL:	atient 3 DOA	OTHER:			Other (Specify)			
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI		c. INJURY AT WORK?	_	6d. DESCRIBE HOW I	NJURY OCCU	RED	
ВУ	2 Accident Investigation				YES 2					
TED	3 Suicida 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, atc. (Spec	— At nome, rarm, s	treet, factory,	, offica	2	8f. LOCATION (Street a City or Town, State)	and Number or	Rural Route N	umber,
PLE	29a. CERTIFIER (Check only	SICIAN: To the best of my knowl	adge, dasth occurre	d at the time.	data and place	and due to	the cause(s) and mar	mer en eleted		
COMPLETE	one) 2 MEOICAL EXAMIN	IER: On the basis of axamination	and/or investigation	n, in my opini	ion, death occur	red at the tim	ne, data end place, en	d dua to the	cause(a) and n	nanner ea stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFI					ENSE NUMBI			SIGNEO (Month	
2	30. NAME AND AGORESS OF PERSON W	HO COMPLETED CAUSE OF DE	TN (ITEM 97) /F	Drint)				•		
	H. Lee,		Ms s							

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X 68760, BALTIMORE, MARYLAND 21215-0020	THE WESTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	n and completely filled in by the funeral director, page 5 should be detached for use as the burial-tr	to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE WISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by	THE THE THE CONTRICTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ta	The second of the state of the State Dept. of Health and Mental Hygiene prior	Market IV If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)									
REGINALD	BROGO					2. DATE OF MONTH	8	42	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/6-36-5958.	5. SEX 1 M 2 F	AGE (In yrs. lest :		F UNDER 1 YEA ONTHS DAY		7. DATE OF (Month, De	23/1940	Country	LACE (State or Foreign) ryland
9a. FACILITY NAME (If not institution, give s Harbor Hospita			l'		NOR LOCATION OF E	HO.		UNTY OF DE	E City Cou.
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	T	10c, CITY, T	TOWN OR LO	CATION				10d. INSIDE CITY
Maryland Ann	Arundel		Gle	en Bu	rnie				LIMITS?
6431 Centennia					21061		10g. C	USA	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 [] IF YES, GIVE WAR	YES 2 X NO		If yes,	Specify Cuban, Maxic (ES 2 NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific N	an, Puarto Rica		14. RACE Black, Specifi	- American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DEC (G/v life. :	EDENT'S US to kind of work Do NOT use I	BUAL OCCUPA ik done during retired.)	ATION most of working	16b. KII	ID OF BUSINESS/I	NDUSTRY	Didek
Elementary/Secondary (0-12)	College (1-4 or 5 +)		Sales	s Man	ager	F	et Foo	d Di	stributo
17. FATHER'S NAME (First, Middle, Last)			Jule	7 11411			le, Maiden Surname	_	SCLIDUCC
Benjamin Brogo	den					Kelly			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Stre	et and Number or Rura	Route Number,	City or Town, State,	Zip Code) (len Burn
Artie Brogden					nnial C				21061
20a, METHOD OF DISPOSITION		20b. PLACE A				OATE	20c. LOCATION		
1 M Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novat from State	of cemetary, of	crematory or	other place)	ial Par			•	
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	ALDU	Lus N	22. NAM	AND ADDRESS OF F	ACILITY NITT	tor Fi	ners	1 Homos
· Vermon	R. Bar	ly		2 E	501 Gwy	nns Fa	alls Pa 21216	rkwa	1 Homes Y
disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR	A CONSECU AS A CONSECU AS A CONSECU	UENCE OF):	Leat	FAILUR halopA	15 ty.			
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resulting in deeth) LAST	d. Hu				Cogn	E-Mar			
	d.	ath but not re	eulting in	the under	ying couse given i		e. WAS AN AUTOPS PERFORMED?	Y 24b.	AVAILABLE PRIOR TO
resulting in deeth) LAST		ath but not re		20	ying ceuse given i	_ 1	PERFORMED?	Y 24b.	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other eignificent condition	d. fundamental			20 DTHER:		Theck only one)	PERFORMED? ☐ YES 2 NO	24b.	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	HOSPITAL: 1 Dipetion 2 EP 28a. DATE OF INJ (Month, Day,	A/Outpatient 3		26C	L PLACE OF DEATH (Check only one)	PERFORMED? ☐ YES 2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Page 1 Place of inv. (Month, Day.) 26a. PLACE OF inv. building, etc. SICIAN: To the best of my	NOutpetient 3 IURY Idear) AURY — At hom (Specify) knowledge, dea	DOA 4 28b. TIME INJUF	20THER: Nursing Nursing Sec. Nursing Sec. Se	. PLACE OF DEATH (tome 5 Rasidence INJURY AT WORK? YES 2 NO writica data and place, and do n, desth occured at till 29c. LICENSE N	28f. LOCATH City or 1 28 to the cause the time, data an	PERFORMED? YES 2 NO Decify) BE HOW INJURY (DN (Street and Num bwn, State) a) and manner as a d placa, and dua to	DOCCUREO ber or Rural R stated. b the cause(a)	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Toute Number, and manner as states (Month, Dey, Year)
PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED 2 MEDICAL EXAMINED	HOSPITAL: 1 Pinpettent 2 EP 28a. DATE OF IN. (Month, Day, 28a. PLACE OF In. building, etc. SICIAN: To the best of my IER: On the basis of axam	NOutpetient 3 iURY hear) NURY — At home (Specify) knowledge, dealination and/or in	DOA 4 28b. TIME (INJUF me, farm, structured (investigation,	20 DTHER: Nursing OF 28c. 1 eet, fectory, (. PLACE OF DEATH (tome 5 Rasidence INJURY AT WORK? YES 2 NO writica data and place, and do n, desth occured at till 29c. LICENSE N	28f. LOCATI City or 1 28 to the cause(18 to the cause)	PERFORMED? YES 2 NO Decify) BE HOW INJURY (DN (Street and Num bwn, State) a) and manner as a d placa, and dua to	DOCCUREO ber or Rural R stated. b the cause(a)	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO

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			CERTIFI	CATE OF	DEATH	REG. NO.	
		ANOR CA	ROLYN	BAI	LEY	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-10-0816	1 🗆 M 250 F	(In yrs. lest birthday) 92 YRS.	MONTHS DAYS	IF UNDER 24 HRS, HOURS MINE	7. DATE OF BIRTH (Month, Day, Year) /8/1899	6. BIRTHPLACE (State or Foreign Country) Centerville,
CTOR	HOLY CHOSE RESIDENC DECEDEN	Hospital		1500	Forest 6	Land Contraction	Montgone
L DIRECTOR	10e. STATE 10b. CC	MONT	Ker	mwn or tocar isingtor		Nursing Cent	10d, INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER 3000		Avenue		208-95		SA SA
ВУ	1 Never Merried 2 Merried 3 Wildowed Wildowscal	FORCES? 1 YES	2 NO	Il yes, sp	CENDENT OF HISPANIC HELITY Cuben, Mexican, S 2 NO Specify:	ORIGIN? (Specify Yee or No— Puerto Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12 Yrs	EDUCATION grade completed) College (1-4 or 5+) None	Ille. Do NOT use	ork done during ma	ost of working	16b. KIND OF BUSINESS/I	NDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Las Julian Armst					(First, Middle, Maiden Surneme, ates)
TO B	19a. INFORMANT'S NAME (Type/Print) George D Ba	iley (Son)	196. MAILING A 5528	ADDRESS (Street e	nnd Number or Rural Rou NE, DC 2	of Number, City or Town, State, 20011	Zip Code)
	20a, METHOD OF DISPOSITION 1 12 Burlel 2 Cremation 3 C 4 Donetion 5 Other (Specify)		PLACE AND DATE OF		D 1	DATE 20c. LOCATION	- City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	Smull Smull			ND ADDRESS OF FACIL	JUILL I K	hines Co., Inc
		or complications that caused ure. List only one cause on a	I the death. Do no			NE, DC 20017	Interval Bate
ERTIFICATION 9	23. PART I Entar tha diseases, shock, or heart fall immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A C.	the death. Do not ach line. CONSEQUENCE OF:	lms			arrast, Approximata interval Bate Onset and D
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF)	lms be	ede of dying, such a	na cardiac or respiratory a	Y 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH?
SICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. D. D. D. D. D. D. D. D. D. D. D. D.	CONSEQUENCE OF)	tha underlying	g cause given in Pa	rt I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FIND AMALBLE PRIOR TO COMPLETION OF CAU
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant cond	DUE TO (OR AS A b. DUE TO (OR AS A d. Itions contributing to death by HOSPITAL: Impatient 2 ER/Outp. 280. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF)	28. PL OTHER: Nursing Homory OF 28c. INJI WO	g cause given in Pa	rt I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 12 JANO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MARKER OF DEATH Haming 1 Pending	B. DUE TO (OR AS A b. DUE TO (OR AS A d. DUE	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in utent 3 □ DOA □ 28b. TIME INJUI At home, ferm, str	28. PL OTHER: OF 28c. (NUT) M 1 Y	g cause given in Pa ACE OF DEATH (Check 5 Residence 6 UNY AT RK? 21 NO	rt I. 24a. WAS AN AUTOPS: PERFORMED? 1 YES Y NO only one)	Y 24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES -9 COURED
ED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO T. MARKER OF DEATH Harture 3 Pending investigat 3 Successor 3 Pending investigat 4 Homicide Coold not determine the cond no	DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in attent 3 □ DOA □ 28b. TIME (NJU) At home, ferm, str	28. PL OTHER: I Nursing Homo OF 28c. INJU WO M 1 1 1	g cause given in Pa ACE OF DEATH (Check 5	Tt I. 24a. WAS AN AUTOPS: PERFORMED? 1 YES NO only one) Other (Specify) dd. DESCRIBE HOW INJURY Of Town, State)	Y 24b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAUDE DEATH? 1 YES -9 TO COMPLETION OF CAUDE DEATH?
D BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO T. MARKER OF DEATH Harture 3 Pending investigat 3 Successor 3 Pending investigat 4 Homicide Coold not determine the cond no	DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d. Itions contributing to death be Left of the death of the contribution of the contrib	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in attent 3 □ DOA □ 28b. TIME (NJU) At home, ferm, str	28. PL OTHER: I Nursing Homo OF 28c. INJU WO M 1 1 1	g cause given in Pa ACE OF DEATH (Check 5	TR I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES NO Other (Specify) 3d. DESCRIBE HOW INJURY Of Town, State) St. LOCATION (Street and Numbor City or Town, State) the ceuse(e) end menner ee state, date end place, end due to	Y 24b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAUDE DEATH? 1 YES -9 TO COMPLETION OF CAUDE DEATH?



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3. TIME OF DEATH

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1 X YES 2 NO

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WERE AUTOPSY FINDINGS

COMPLETION OF CAUSE

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

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Onset and Death

BALTIMORE, MARYLAND 2121	hours after death. Page 6 may be retained by the hospital of	led in by the funeral director, page 5 should be detached for
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a hours after death with the State Dest of Health and Mental Huchene nor in huital, remarking or among

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nding physician.

5-0020

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH January 24, 1992EAR Harold Fraction Brown 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 | F 215-14-3037 A 66 YRS. Jan 24 1925 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Maryland General Hospital DIRECTOR B altimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1227 Cloverdale Road USA 21217 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. Il yea, specify Cuban, Mexican, Puarto Rican, atc.) 1 X Never Married 2 Married BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced Korean Conflict COMPLETED t6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) High School Military Personnel U.S. Air Force 17. FATNER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surnam Howard Brown Eva A. Fraction BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dolores B. Scott 9728 Mendoza Road Randallstown, MD 20a. METHOD OF DISPOSITION
1 Burlal 2 Corporation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, Stata 4 Donation 5 Other (Specify) Metro Crematory, Inc Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc 2501 Gwynns Falls Parkway Baltimore, MD 21216 Herbert 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition___ Metastatic carcinoma of the lung resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Metastasis to the brain and bone 1 YES 2 NO Chronic obstructive pulmonary disease PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 No Impatiant 2 ER/Outpetfant 3 DOA OTHER: 1 YES 2 XNO 4 ☐ Nursing Nome 5 ☐ Rasidence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a, OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide 28a. PLACE OF INJURY — At home, larm, streal, factory, offica building, atc. (Specify) ETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

29a. CERTIFIER (Check only 1 CERTIFVING PNYSICIAN: To the beal of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM 27) (Type Print)
Hassan Farhat, M.D. c/o Maryland General Hospital

M.P.

32. REGISTRAR'S SIGNATURE

ia Davidson-Randalle

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilms, date and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER n/a

29b. SIGNATURE AND TITLE OF CERTIFIER

1 3 1992

31. DATE FILEO (Month, Day, Year)

anha

DNMN-16 Rev 1/89

Mary Salament Selection and

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO. 1 -

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GENERAL WOLFE DESKK WITH COMMANDED

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	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should for death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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d Building bu	se as the bu	
e liespital of	etached for u	nce
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-	ind completely burial, crema	atic event.
20 000000000000000000000000000000000000	giene prior to	other traum
The state of the s	by the attendi	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
on on make .	been signed it. of Health a	shows any
	ertificate has the State Dep	or item 23
	R: After this c	is marked,
	the Dr	00

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filling be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Fn	eda 0.	Bidding	ner.						Januaru	9 1 C	YEAR	11:00 A M
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (in yrs. i		yrs. last birthday) IF UNDER t YE					7. DATE OF BIRTH	7. DATE OF BIRTH		PLACE (State or Foreign
	213-50-1911	89	YRS.		MONTHS DAYS HOURS MIN. (Month, Day, Year) 03-14-02				Country	aryland			
œ	90. FACILITY NAME (If not institution, give street and number) 6408 Laurelton Ave.							OR LOCATI		EATH	9c. COU	NTY OF DE	EATH
DIRECTOR	RESIDENCE OF DEC	CLUN F	ave.		-		salt	imor	2		Cir	ty	
HE	10e. STATE		10c. CIT	Y, TOWN							10d. INSIDE CITY		
	Maryland	City	<u>y</u>			Bal	time	ore					LIMITS?
FUNERAL	10e, STREET AND NUMBER	0.1					101	. ZIP COD			10g. CITI	ZEN OF W	NAT COUNTRY?
NE	6408 Laure			IT EVER IN U.S. AR		1			1214		L	u.s.	
	1 Never Married 2	Merried		YES 2 YN			If yes, sp	ecify Cube	m, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No—	Black,	American Indian, White, etc.
ВУ	3 X Widowed 4 Divo	rced	. 120, 0112 1	OR DATES			I U TES	2 X NO	Specify	<i>r</i> :		Specif	white.
TEC	15. DEC (Specify only	EDENT'S EDUCA highest grade co	ATION ompleted)	16a. DE(CEDENT'S	USUAL Owork done se retired.)	CCUPATIO	ON st of working	na	16b. KIND OF BU	SINESS/IND	USTRY	WILLE.
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	,							.,		
OM	17. FATHER'S NAME (First, M	iddle, Lest)			nome	make	'L	40 1400			Home		
			ick Stun	nnk				16. MO7		me (First, Middle, Maldon Frederica		to 4	1
TO BE	19e, INFORMANT'S NAME (7)				MAILING	ADDRESS	(Street e	nd Number	or Rural F	Poute Number, City or Tow	n, State, Zip	Code)	
F	Marian Walsh	1								Baltimor			21214
	20a. METHOD OF DISPOSITI	n 3 🗆 Remov	ral from State	20b. PLACE A	NDDATE	OF DISPOS	ITION /No	me of		DATE 200 10	CATION	Olav T-	vn, State
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		NGEE	Loud	on Pa	ark (Ceme	tery	II reserv	1-11 B	altir	nore,	MD
		,	,/.	. //						ENBURG FUI	VERAL	ном	E. INC.
		ne f.		na		6	009	Hanh	ond	Rd Ral.	timan	0	MD 21214
		ertganure. Li	st Dnly Dne ceu	it coused the dec use on each line.	eth. Do r	not enter	the mo	de of dyi	ng, suct	n es cerdiec or respi	ratory err	est,	Approximete Interval Between
	IMMEDIATE CAUSE (Fin disease or condition		0 1			-10							Onset and Death
	resulting in death)	7 a.	OT QST DUE TO	OR AS A CONSEO	UENCE OF	7123 Pi:							1 day
N	Sequentielly list conditi	6 b.	Cerclar	OR AS A CONSEO	er 1	disea	50	and	ct	roke			1919
CERTIFICATION	if any, leading to immed cause. Enter UNDERLY	1000	^										
FIC	CAUSE (Disease or Inju	ry C.	Just 14 8	OR AS A CONSEO	UENCE OF	am	ne						1 day
E	resulting in deeth) LAS			Pulmo				rect	Marian.				= min
- 11	PART II. Other significe	nt conditions				-							+3
MEDICAL	3100	TO TOTAL	contributing (D	death but not re	suiting i	n the un	aeriying	ceuse g	iven in i	PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ED										1 YES 2	-NO		COMPLETION OF CAUSE OF DEATH?
- 1										-			1 TYES 2 NO
M	25. WAS CASE REFERRED TO EXAMINER?						28. PL	ACE OF D	EATH (Che	ck only one)			
PHYSICIAN:	1 - YES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		5 1 Me	eldence (8 Other (Specify)			
F	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, De	INJURY ay, Year)	28b. TIMI INJ		28c. INJU			28d. DESCRIBE HOW IN	JURY OCC	URED	
BY		nvestigation	284 PLACE OF	E IN RIPLY AND A		M		ES 2 [NO				
品	• -	Could not be latermined	building,	F INJURY — At hone etc. (Specify)	10, THITTIN, S	traet, tecto	ory, office			28f. LOCATION (Street e City or Town, State)	nd Number	or Rural Ro	ute Number,
Ž	290. CERTIFIER	FYING PHYSICIA	AN: To the best of	my knowledge des	th occurre	d of the ti	- deta	and alas-		to the ceuse(s) end men			
COMPLET	(Check only one) 2 MEDIC	CAL EXAMINER:	On the beels of ex	amination end/or in	veatigation	n, In my o	pinion, de	ath occun	end due t	ine, date end place, end	due to the	d. cause(s)	end manner es stated.
BE C	296. SIGNATURE AND TITCE		. 0	1.					NSE NUMI				Month, Day, Year)
TO B	/xmha	of the	130	Man	6 /	na	>	2	18	656	•	1/1	0/92
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,					Harton		0	Balto
	31. DATE FILED (Month, Day,)	har)	V. B	R'S SIGNATURE	1	//	クク	- 6	100	Harton	1	Cod.	, 21234
		3 1992	Junia !	Levidson B	ndess								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4. SOCIAL SECURITY NUMBER JAN YEAR 33 991 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In vrs. last hirthd IF UNDER IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 1 M 2 F HOURS 268-20-2754 YRS. 71 1920 Pennsylvania use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
VLIMITS?
1 YES 2 NO Ohio Trumbull Libertu FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4899 Sampson Rd. 44505 USA within 24 hours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ Specify: White 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION pecify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Youngstown Board of funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Teacher Education once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Valentine Kosta Elizabeth RXXXXX Gero BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Beverly Fabian 3 Guinevere Ct., Baltimore, MD pe 20a. METHOD OF DISPOSITION
1 Burlal 2 Cramation 3 ARemoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Cometery, crematory or other place)
Tod Homestead Cemeteru 4 Donation 5 Other (Specify) 1/13 Youngstown. OH examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT C. ALTENBURG FUNERAL HOME. INC. 6009 Harkord Rd., Baltimore, completely filled in by the inal, cremation, or removal. 21214 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause of each line. Approximata intarval Batween IMMEDIATE CAUSE (Final Onset and Dasth the disease or condition reaulting in death) event, executed prior to burial. traumatic CERTIFICATION the attending physician and Mental Hygiene prior to bur Sequentially list conditions, if any, lasding to immediate cause. Entar UNDERLYING CAUSE (Diseasa or injury certificate or other DUE TO (OR AS A CONSEQUENCE OF that initiated events reaulting in death) LAST the PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? een signed by the 24b. WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1 ☐ YES 2 ☐ NO certificate has been in the State Dept. of H PHYSICIAN: Item 23 s 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) tient 2 ER/Outpatient 3 DOA 10 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED death with 1 Natural 2 Accident this 5 Pending Investigation BY 1 YES 2 NO DIRECTOR; After the hours after death OR ATTENDING 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide IMPORTANT: If Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL (HOSPITAL 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 計画 223 JAN UCA 2 STONLY 31. DATE FILED (Month, Day, 3 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



Pages 1, 2, 3 should

permit.

burial-transit

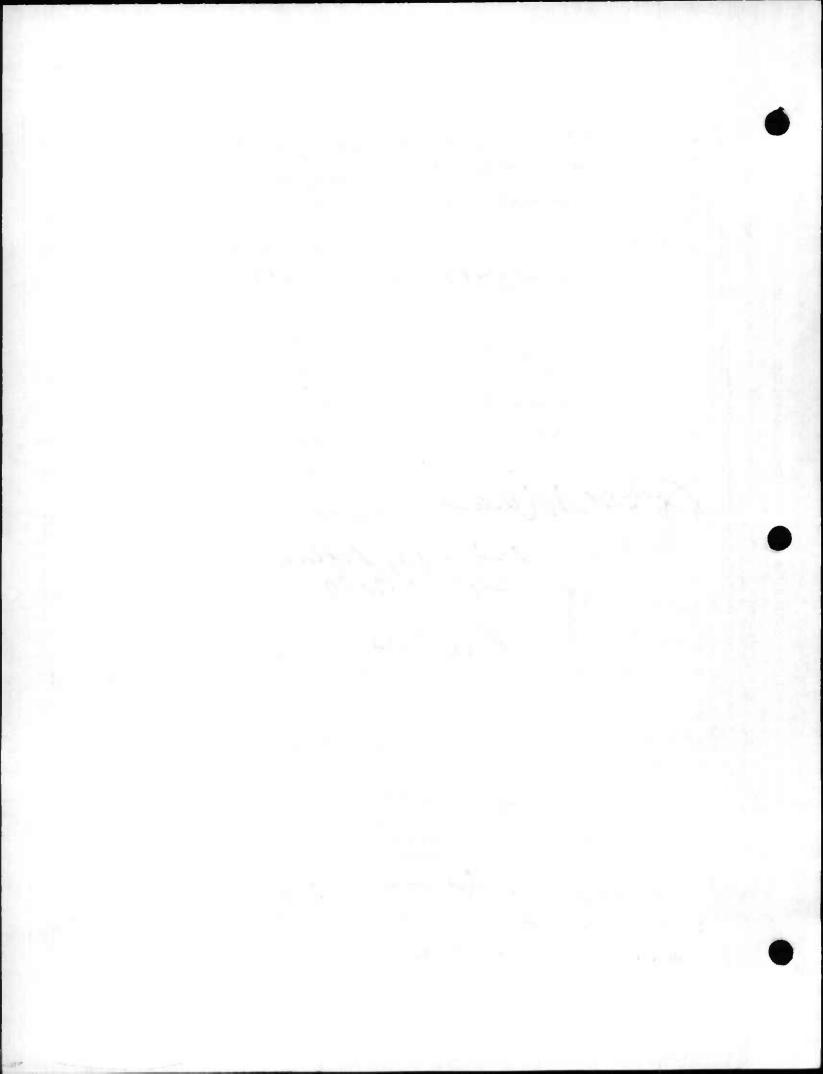
filled in by the funeral director, page 5 should be detached for use as the on, or removal.

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within	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,
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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

1992

his Davidson-Randell

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) VERA BRUCE 2. DATE OF DEATH 3. TIME OF DEATH PUCE YEAR 2 230 VERA AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 385 34-46 4 DAYS 1 M 23 F YAS. 8-14 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NA RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore I m Frankles NA 01 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER Seton Hill 10/ 7IP CODE 10g, CITIZEN OF WHAT COUNTRY? 21201 11. MARUTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, While, atc. ORCES? 1 YES 2
YES, GIVE WAR OR DATES 1 Naver Married FORCES? 2 NO 2 Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced Specify while COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 pe 20a. METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) in State an monature of Funeral Service Licensee Ronald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD 1/2/92 655 W. Baltimore St., Balto., MD 21201 medical 23. PART I. Entar the diseasas, or comp lications that caused tha death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failura. List only one cause on each line. intarval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ resulting in death) traumatic event, DUE TO (OR AS A CONSE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST laves. shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? WAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Invastigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, aic. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stata) COMPLETED 6 Could not be 28 4 Homicide Item 29a. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL ITO THE FUNERAL ITO BE filed within 72 him IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d, DATE SIGNED (Month, Day, Year) 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MOMAMINE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



	1. DECEDENT'S NAME (First, Middle, L		CERTIFIC	CATE OF		REG. N 2. DATE OF DEATH		3. TIME OF DEATH
	Elbert	CUTAJAR				January	ľľ 1992	8:20 A
	4. SOCIAL SECURITY NUMBER 215-10-9760	1 📉 M 2 🗆 F	(In yrs. lest birthday) 83 yrs.	F UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	3,08	BIRTHPLACE (State or Forei Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital Baltimore Co							
DIRECTOR	10a. STATE 10b. CO Maryland			TOWN OR LOCAL				10d. INSIDE CITY X LIMITS? 1 XYES 2 N
FUNERAL	100. STREET AND NUMBER 4411 Bayonne Av	ve.		10	21206			N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? XX YES IF YES, GIVE WAR OR D WWII	2 NO	If yes, sp	ecity Cuben, Maxican, 2 NO Specify:	ORIGIN? (Specify Puarto Rican, etc.)	Yes or No 1	4. RACE — American Indian, Black, Whita, etc. Specify: White
PLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT use	rk done durina mo	est of working		S. GOV	STRY
E COMPLET	17. FATHER'S NAME (First, Middle, Last Joseph Thomas		10364	I OICIN	18. MOTHER'S NAME Laura E			
TO B	19a. INFORMANT'S NAME (Type/Print) William G. Cuta	jar Sr.	19b. MAILING A 4411 B	ayonne	Ave. Balt	ute Number, City or T	own, State, Zip C larylan	d 21206
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 1 4 Donetion 5 Other (Specify)	Removal from Stata cen	PLACE AND DATE OF THE CONTROL OF THE	unt Cre	matory		Baltim	ore, Maryalı
	George J.	& Ferran	0		nd address of facilities of fa			. Balto. MD 21212
	23. PART I. Enter the diseases, shock, or haert fallu IMMEDIATE CAUSE (Final disease or condition	ira. List Dnly Dne cause Dn e	each line.	t anter the mo	de of dying, such	ee cerdiac or ree	piratory erres	Approximete Interval Bats Onset and E
	resulting in death)	d	schemia A CONSEQUENCE OF):					
ERTIFICATION	resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OR AS A						
	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A OUE TO (OR AS A C. DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):		g ceuse given in Pa		AN AUTOPSY ORMED? 2 X NO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
MEDICAL	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C. DUE TO (OR AS A d. Litione contributing to death b	A CONSEQUENCE OF): A CONSEQUENCE OF): Out not resulting in	the underlying	.ACE OF DEATH (Check	PERF	ORMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant conditions of the condition	OUE TO (OR AS A C. DUE TO (OR AS A d. Itione contributing to deeth b IL NOSPITAL: **TANopatient 2 □ ER/Outs 28a, DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF): A CONSEQUENCE OF): Out not resulting in	26. PL THER: Nursing Hom OF 28c. INJ. WO	ACE OF DEATH (Check	PERF	ORMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificant conditions are supported by the condition of the condition of the condition of the condition of the ceuse of	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. Litione contributing to deeth b Litione contributing to deeth b 28a. DATE OF INJURY (Month, Day, Vear) 28a. PLACE OF INJURY belling of C. (Special Contributions)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in Detient 3 □ DOA 4 28b. TIME INJUI T — At home, ferm, str	26. PI THER: Nursing Hom W M 1	ACE OF DEATH (Checies 5 Rasidence 8 URY AT RK? 2 NO	Yes 1 Yes 1 Yes 1 Other (Specify) 1 Other (Speci	ORMED? 2 X NO VINJURY OCCUPANT AND AND AND AND AND AND AND AND AND AND	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other eignificant conditions are successful to the condition of the condition o	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. Litione contributing to deeth b Litione contributing to deeth b 28a. DATE OF INJURY (Month, Day, Vear) 28a. PLACE OF INJURY belling of C. (Special Contributions)	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in Detient 3 □ DOA 4 28b. Time INJUI A thome, ferm, stroffy)	26. PL THER: Nursing Hom OF Y M 1 1 3 eet, factory, office at the time, date	ACE OF DEATH (Check o 5 Residence 8 USY AT RK? YES 2 NO and place, end due to	PERF. 1 YES Other (Specify) 28d. DESCRIBE HOW City or Town, Sta	ORMED? 2 X NO VINJURY OCCUPATION OF ANY NUMBER OF ANY NUMBER OF THE OCCUPATION OCCUPATION OF THE OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION OCCUPATION O	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other eignificant conditions are successful to the condition of the condition o	DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d. Ittone contributing to deeth b L NOSPITAL: The nonation 2 = ER/Outs 28a, DATE OF INJURY (Month, Day, Year) Duilding, etc. (Special Contribution) 4 HYSICIAN: To the best of my know HINER: On the basis of axamination IFIER	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in 28b. TIME INJUI A Thoma, ferm, strictly) The display death occurred in and/or investigation,	26. PL 26. PL THER: Nursing Hom OF 28c. INJ YY M 1 1 1 set, factory, office at the time, date in my opinion, d	ACE OF DEATH (Check o 5 Residence 8 USY AT RK? YES 2 NO and place, end due to	PERF- 1 YES Other (Specify) 8d. DESCRIBE HOW City or Town, Sta	ORMED? 2 X NO VINJURY OCCUPATE AND NUMBER OF THE OCCUPATE AND NUMBER OF THE OCCUPATE AND NUMBER OF THE OCCUPATE AND NUMBER OF THE OCCUPATE OCCUPA	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

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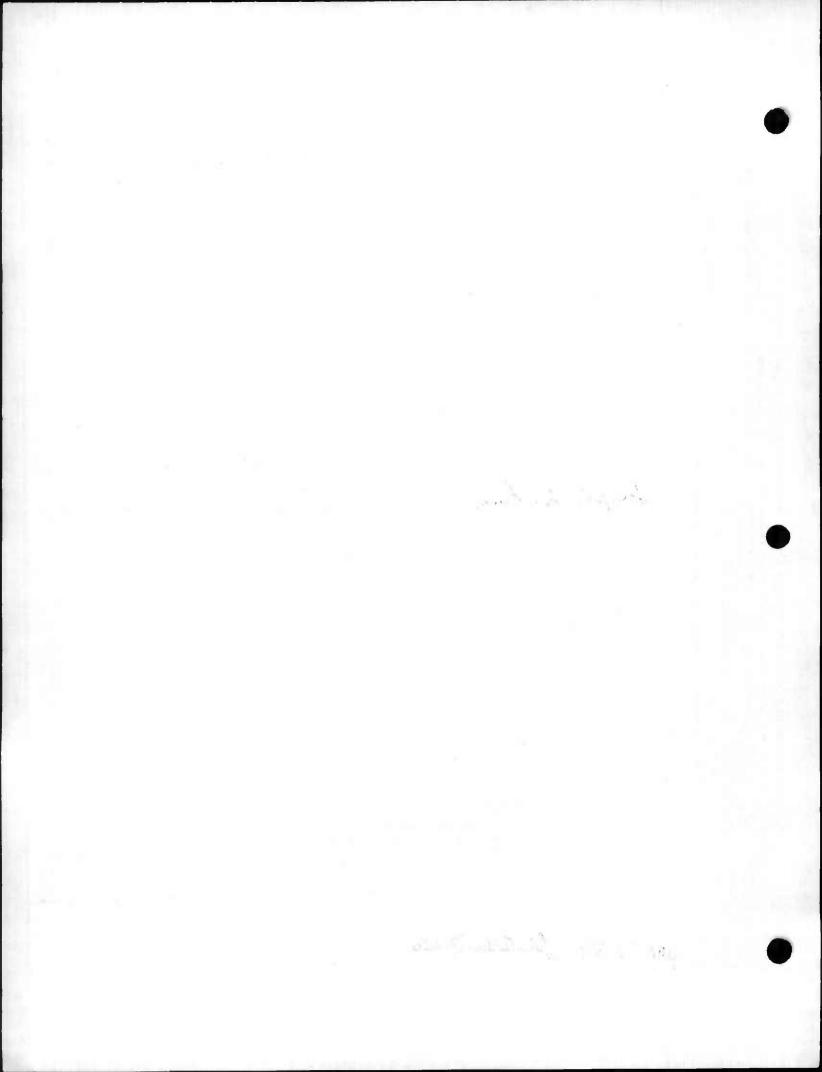
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT O			MENTAL	HYGIENE
		CERTIFICATE (OF DEAT	H		REG NO

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Las WILLIAM CO	OOPER				2. DATE OF DEATN	AY 2	YEAR 1997 1000 A
4. SOCIAL SECURITY NUMBER 219-16-3368	5. SEX 6. AGE	(In yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 1/12/19	0	BIRTNPLACE (State or Foreign Country) South Carolin
9a. FACILITY NAME (If not institution, give in the institution of the				ORE CITY			Y OF DEATN
MD 10a. STATE 10b. COUR	ITY	10c. CIT	Y, TOWN OR LOCA BALTIM	TION DRE CITY			10d. INSIDE CITY LIMITS? 1 VES 2 NO
601 WYANOKE A	VE BALTO, M	ĪD	10	1. ZIP CODE 21218			N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYPES, GIVE WAR OR O. WW TT	2 NO	It yea, s	CENDENT OF NISPA secify Cuban, Mexic 2 NO Speci	NIC ORIGIN? (Specify Ya en, Puerto Rican, etc.) fy:	n or No 14	4. RACE — American Indian, Black, Whita, atc. Specify: NEGRO
15. DECEOENT'S EI (Specify only highest gre Elamentary/Secondary (0-12)	DUCATION	18a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION OF METTED	ON ost of working	16b, KINO OF BU	SINESS/INDUS	STRY
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Malden	Sumame)	
ROY M. COOPER				IDA			
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or Tow		
MARY COOPER		601	WYANOKE	AVE	BALTO, I	MD 21	218
20a. METNOD OF DISPOSITION 1X Burlal 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	moval from State	PLACE AND DATE OF STREET, CREMETORY OF STREET, CREM	ther place)		DATE 20c. LO S1/13/98AL		y or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE		JOSEP	H L. RUS		HOME	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. 2 OUE TO (OR AS A	CONSEQUENCE OF	aclino,	d her Hracio	mon hay	WSSe	Interval Betwee
PART II. Other significant condition	ons contributing to death b	ut not resulting	in the underlyin	g cause given in	Part i. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRIED TO MEDICAL			28. P	ACE OF DEATN (C/	eck only one)		
EXAMINER?	HOSPITAL:	atlent 3 DOA	OTHER:		8 Other (Specify)		
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW I	NJURY OCCUP	RED
1 Natural 5 Pending 2 Accident Investigation		INJ		RK? YES 2 NO			
3 Suicida 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, (street, tactory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
	SICIAN: To the best of my knowl						ause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIED OF CER	HUL	MOK	: Oken	29c. LICENSE NU	Menz Resid	Pala Z	IGNED (Month, Day, Year) - Jan 9, 199
Kenne	In Oken	mo	Print) Union	n Men	wy.	1.1	
31. DATE FILED (Month, Day, Year)	June Davidson-V	andell					



YEAR

1992

3. TIME OF DEATH

4:30AM M

REG. NO

2. DATE OF DEATH

JANUARY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SHAU CHING CHUN

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DIVISION	

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 11/30/1900 1 M 2 F China 199-56-3802 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MONTGOMERY GENERAL HOSPITAL OLNEY, MARYLAND MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Silver Spring 1 X YES 2 NO Montgomery FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 14400 Homecrest Road 20906 United States retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Chinese FORCES? 1 YES 27 RO 1 Never Merried 2 Merried 1 YES 2 XNO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complex 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY for Elementary/Secondary (0-12) Coffege (1-4 or 5 +) detached School Teacher Education 17. FATHER'S NAME (First, Michille, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 Ħ BE Chang Kung Chun Unknown page 5 should notified TRA. INFORMANT'S NAME (Type/Prot) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 380 Township Line Rd. 1942 Jack Chun Blue Bell, Pa. 24 hours after death. Page 6 may be must be 20e, METHOD OF DISPOSITION
1 A Burlat 2 Cremation 3 Removal, Artim. State 20b. PLACE AND DATE OF DISPOSITION (Name of Page 1) Page 1 - 9 - 9 2 George Washington Mem, Park 20c. LOCATION - City or Town, State and completely filled in by the funeral director, o bun'al, cremation, or removal. 4 Donation 5 D Other (Specify) Paramus, N.J. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY IVES—Pearson Funeral Home 2847 Wilson Blvd. 22201 Arlington, Va. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximete ahock, or heert failure. List only one cause on each lina. Intervel Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition vouscula Accident cule within week event, reaulting in daeth) DUE TO (OR AS A CONSEQUENCE OF) executed prior to burial, traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST 0 shows any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE dionypath 1 TYES 2 70 DF DEATH? 1 - YES 2 NO t. of I has be Dept. (PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL this certificate has with the State D 28. PLACE OF DEATH (Check only one, item EXAMINER? NOSPITAL:
1 Inpatient 2 - ER/Outpstient 3 - DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural Accident 5 Pending - M 1 YES 2 NO BY After death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28 |5 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide dstermined If item 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, desth occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examinstion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) and manner ee stated. IMPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER THE DE BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Morth, Day, Year) mul 92 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GILOTEA GEORGIA AVE M.D. 16 10620 JAN 13 1992 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DOLLY

CHUN)

(AKA



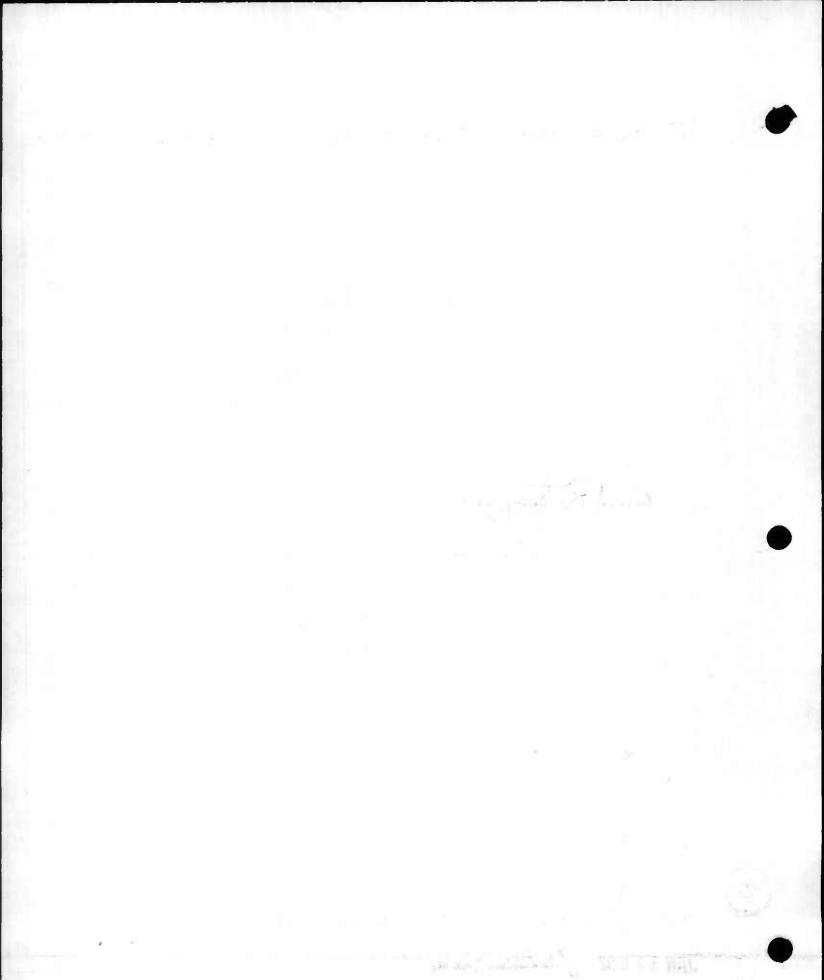
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been stoned by the attending physician and completely filled in by the fundamental discovery has a second to the second to the fundamental discovery and the second to the seco
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hed for use as the burial-transit permit. Pages 1, 2, 3 should THE USPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PARTINT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CERTIFICATE O	F DEATH		BEG NO

1. DECEDENT'S NAME (First, Middle, Last)		CENTIFICAL	E OF DEATH	REG. NO	IE	
JOYCE L	EE CHA	NOLE	=R	2. DATE OF DEATH MONTH	YEAR	3. TIME OF DEATH
- The second second	5. SEX 6. AGE (In y)	S. last birthday) IF UND YRS. MONTHS	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jul 21	Count	HPLACE (State or Foreign ry) Maryland
9a. FACILITY NAME (If not institution, give street			TY, TOWN OR LOCATION OF		9c. COUNTY OF D	
Francis Scott K	ey Medical	Ctr I	Baltimore			
10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
Maryland 100. STREET AND NUMBER		Ba	altimore 100, ZIP CODE			1 X YES 2 NO
4809 Poe Avenue			21215		10g. CITIZEN OF	WHAT COUNTRY?
	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	B. WAS DECENDENT OF HISP, If yes, specify Cuban, Maxic 1 YES 2 NO Specify Cuban	en, Puerto Rican, etc.)	USA n or No— 14. RACI Blac Spec	,
15. DECEDENT'S EDUCA (Specify only highest grade co	TION 166	. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BU	SINESS/INDUSTRY	Black
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.	e during most of working)			
11th Grade		Cashie				
Paul Edward Ch	andler			AME (First, Middle, Maiden Braxton	Surname)	
19a. INFORMANT'S NAME (Type/Print)	und I C I	196. MAILING ADDRE	SS (Street and Number or Rura		n, State, Zip Code)	
Eulealia A. Rob	inson	3204 Ir	ngleside A	ve. Balt	imore,	MD 2121
20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ny from Stata cemeter	CEAND DATE OF DISPO	9)		CATION — City or To	
21. SIGNATURE OF FUNERAL SERVICE LICE	wes	tern Sta	name and address of F	ACILITY NULTER	timore	Co.,MD
· P. KRT	Fam. W.	2	2501 Gwynns Baltimore,	s Falls P	i runeia arkway	al nomes 1
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CO	NSEOUENCE OF):		t Sepsis		interval Between Onset and De 3 Mourn
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	utest rown	el dysu	rotility lecode un		
PART II. Other significant conditions	contributing to death but r	ot resulting in the u	inderlying cause given in	Part I. 24a. WAS AN		. WERE AUTOPSY FINDIN
PART II. Other significant conditions	contributing to death but r	ot resulting in the u	inderlying cause given in	1 Part I. 24a. WAS AN PERFOR	AUTOPSY 24b	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	PERFOR	AUTOPSY 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	IOSPITAL:	n 3 DOA 4 N	28. PLACE OF DEATH (C	PERFOR	AUTOPSY 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10 SPITAL: Imperiant 2 ER/Outpetier 28a. DATE OF INJURY (Month, Day, Year)	0 3 DOA 4 No	26. PLACE OF DEATH (CER: rrsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR	AUTOPSY 24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Natural 5 Pending	IOSPITAL: Tripetient 2 ER/Outpetient 28a. DATE OF INJURY	0 3 DOA 4 No	26. PLACE OF DEATH (CER: rrsing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR	AUTOPSY 24b MED? 24b	AMALABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only)	10 SPITAL: Therefore 2 ER/Outpetler 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY A	OTHE 26b. TIME OF INJURY M thome, farm, atreet, fare, death occurred at tha	26. PLACE OF DEATH (CER: rising Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	PERFORM 1 YES 2 heck only one) 6 Other (Specify) 26d. DESCRIBE HOW I City or Town, State) a to the cause(a) and main	AUTOPSY 24b IMED? 24b IMED	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DE ATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	The part of the basis of axamination and	25b. TIME OF INJURY M. 25b. TIME OF INJURY M. at home, farm, atreet, faither, death occurred at the lor investigation, in my	26. PLACE OF DEATH (CER: rising Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office	PERFOR 1 YES 2 theck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, Stete) to the cause(a) and man at time, data and place, and	AUTOPSY 24b IMED? 24b IMED	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	The part of the basis of axamination and	DOA 4 No. 26b. TIME OF INJURY M. at home, farm, atreet, fact, death occurred at the life investigation, in my. (ITEM 27) (Type, Print)	26. PLACE OF DEATH (C TR: rating Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO ctory, office Time, data and place, and du opinion, death occured at the	PERFORM 1 YES 2 heck only one) 6 Other (Specify) 26d. DESCRIBE HOW I 26f. LOCATION (Street City or Town, State) e to the cause(a) and man at time, data and placa, and mare time, data and placa, and mare time.	AUTOPSY 24b IMED? 24b IMED	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DE ATHY 1 YES 2 NO Noute Number,



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH UKE Downs JAA. FAST A 12:164 m 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, \$1.22 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 18 M 2 - F 215-03-2246 95 completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Univ. of Md. Hospital DIRECTOR BAITIMORE USA RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MID BALTINORE Bultimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2010 N. Small wood USA 2/21/3 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No--If yea, specify Cuban, Maxlean, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify Ned 20 BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (0-12) College (1-4 or 5+) Abornea notified at once. 17. FATHER'S NAME (First, Middle, Last) Reu BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 les Wings pe METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Ne 20c. LOCATION - City or To must Burial 2 Cremation 3 Removal from State Donation 5 Other (Specify) enn. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACIL Betts medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory ehock, or heert failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final Onaet end Death the cremation. disease or condition Preumonia 5 days reculting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): executed TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, Aspiration CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted evente other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part 1. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO 23 shows any COMPLETION OF CAUSE DF DEATH? 1 ☐ YES 2 ☐ NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL:
1_Propertient 2 - ER/Outpettent 3 - DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) IMPORTANT: If item 28 is COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) lallow AUUL 6435AL 2350 8 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARIAN MA UMMS 22 So Greene OWIE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1 3 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



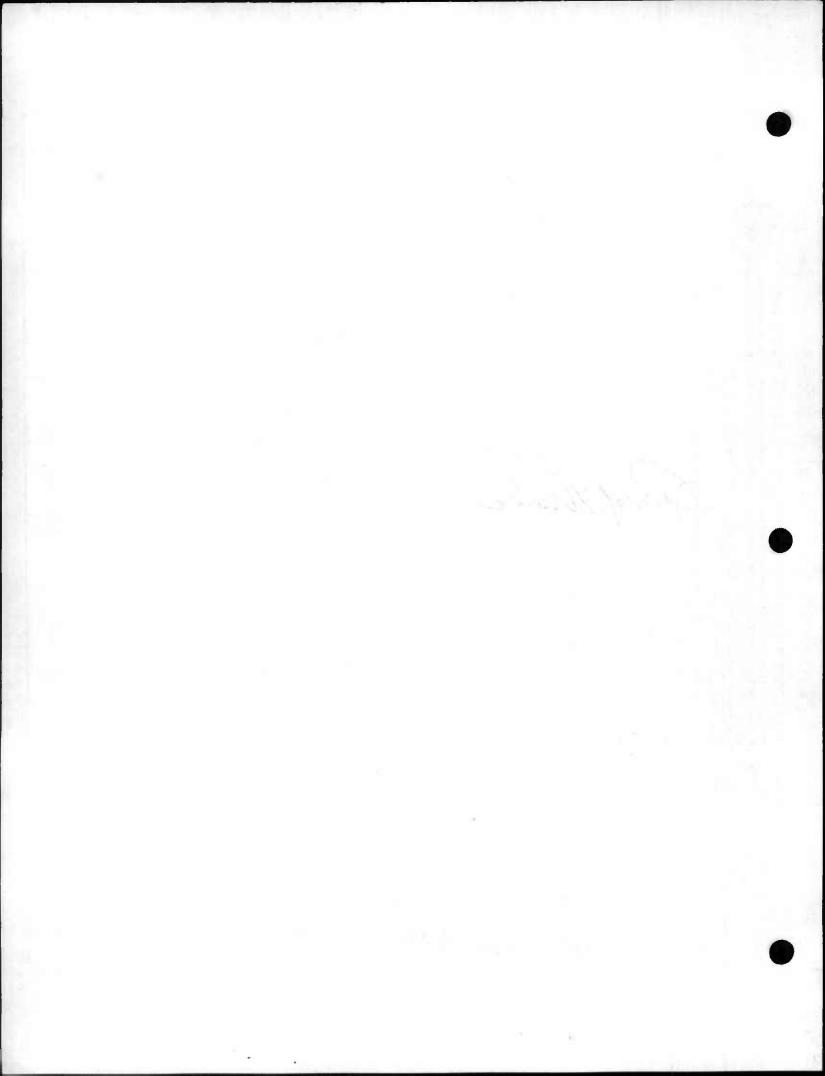
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGIS
	1. DECEDENT
	4. SOCIAL SI
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	21 MGNATUR
A	23 PART I.
	IMMEDIATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Linst)	WILLIAM		DUNN		2. DATE OF MONTH		92 _{rear}	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 247 24 3324	5. SEX 6. AGE	M.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lay, Year)	6. BIRT	NPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give :	25	/				16-1920		Carolina
			b. CITY, TOWN	OR LOCATION OF	DEATN	9c. CO	UNTY OF	DEATN
Liberty Medical	Center		Ba	ltimore			n	a
10e. STATE 10b. COUNT	Υ	10c. CITY, 1	TOWN OR LOCA	TION			-	10d, INSIDE CITY
Maryland	na	1-	D.	altimore				LIMITS?
0e. STREET AND NUMBER	****			T. ZIP CODE		40- 00	717511 05	1 YES 2 NO
2903 Presstm	nan Street				_	log. Ci		
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	12 WAS DE	2121		Specify Yee or No-	_	JSA
Never Married 2 Merried	FORCES? 1 TYES	2 NO	If yes, sp	pecify Cuban, Mexic	can, Puarto Rica	in, etc.)	Blec	E — Americen Indien, k, White, etc.
Widowed 4 Divorced	IF YES, GIVE WAR OR	yes	1 - YES	3 2 NO Spec	elfy:		Spec	Black
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATI	ON	16b. Kil	ND OF BUSINESS/IN	MISTRY	Didex
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	k done during mo etired.)	ost of working				
					Ì			
17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	fle, Maiden Surname)		
						, , , , , , , , , , , , , , , , , , , ,		
the, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street I	and Number or Rura	l Route Number,	City or Town, State, Z	ip Code)	
						,,,	,p 0000)	
ON. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (N	eme of	DATE	20c. LOCATION -	City or To	wn State
☐ Buriel 2 ☐ Cremetion 3 ☐ Rem		metery, crematory or other						
MIGNATURE OF FUNERAL SERVICE LT	n/state		22. NAME A	ND ADDRESS OF F	ACILITY		_	
Venue 1/10	mald W	ade, Dir			5	State Ana	atomy	Board
201000 (100	ance	1/9/92	655 W	. Baltin	nore St	, Balto.	, MD	21201
23/ PART I. Enter the diseases, or a hock, or heart failure.	complicatione that ceuse Liet only one cause on a	d the death. Do not	enter the mo	da of dying, su	ch as cerdiac	or respiratory a	rrest,	Approximate
IMMEDIATE CAUSE (Finel	.1 /.		11					Interval Between Onset and Deat
disease or condition	. Hepatic	Encephalo A CONSEQUENCE OF:	pathy					
	DUE TO (OR AS	A CONSEQUENCE OF):	0					
Sequentielly list conditions,	a loagul	opathy						
If eny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury	6/0/1	ellin						
thet initiated events resulting in death) LAST		A CONSEQUENCE OF):		11				
esolding in dealin) EAST	d. MICOhol	ic Cardion	nyoppat	"hy				
PART II. Other eignificant condition	e contributing to death i	out not resulting in t	the underlying	7 ceuse alven Ir	Port I 24	. WAS AN AUTOPSY	1	
FYOH Almise		•		g course given in	244	PERFORMED?	240	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
CHE					1(YES 2 NO		OF DEATH?
CIA	1							1 TYES 2 NO
5. WAS CASE REFERRED TO MEDICAL	V		-					
EXAMINER?	HOSPITAL:	0	Za. PL THER:	ACE OF DEATH (C	heck only one)			
1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 5 🗆 Residence	6 Other (Sp	pecify)		
7. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O		URY AT	2ad. DEŞCRII	BE HOW INJURY OC	CURED	
Natural 5 Pending 2 Accident Investigation			M 1 🗆 1					
3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, stree	et, fectory, offic	•	261. LOCATIO	N (Street end Number own, State)	r or Rural F	Route Number,
4 Homicide determined					3.17 5.70	, ouncy		
9e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the beet of my know	riedge, death occurred a	t the time, data	end place, and due	e to the cause/e	end menner as at-	ted	
one)			and the same	- Francis and dist	(-	A	ieu.	
2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation, i	n my opinion, d	eath occured at the	e time, date and	place, and due to t	he cause/s	and manner so stated
MEDICAL EXAMINE	R: On the basis of axamination	en end/or investigation, i	n my opinion, d				_	
2 MEDICAL EXAMINE 9b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of axamination	n end/or investigation, i	n my opinion, d	29c. LICENSE NU			_) and menner se stated. (Month, Day, Year)
96. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination						_	
MEDICAL EXAMINE	R: On the basis of examination	EATH (ITEM 27) (Type, Pri					_	



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to make the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e hos	etach	ac ac
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by PHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by the title State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	4	9	0
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained pilecipe. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shout pure after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	P	P	-
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret pHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 second after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	aine	shou	III e
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page forms after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be	2	S	2
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pac DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral di four after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	9 9	rect	E
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer parter death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami	Pa	al d	196
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of pHECTOR: After this certificate has been signed by the attending physician and completely filled in by the perm after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal term 28 is marked, or item 23 shows any injury, or other traumatic event, the medical expenses the property or other traumatic event, the medical expenses the property or other traumatic event.	leath.	funer	T Kami
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by Journ after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem Lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medic	fter d	the	20.00
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou pHECTOR: After this certificate has been signed by the attending physician and completely filled in pure after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or them 23 shows any Injury, or other traumatic event, the me	Sa	40	dic
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIRECTOR: After this certificate has been signed by the attending physician and completely fill four after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation term 28 is marked, or item 23 shows any injury, or other traumatic event, the	POL	ed i	Ē
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected. After this certificate has been signed by the attending physician a point after death with the State Dept. of Health and Mental Hygiene prior to them 28 is marked, or item 23 shows any injury, or other traum.	noe	nd o	atic
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OR ATTENDING PHYSICIAN: The law requires that the death certifical pileticials. After this certificate has been signed by the attending physicians after death with the State Dept. of Heatth and Mental Hygiene I tem 28 is marked, or item 23 shows any injury, or other	d at	Sici	1
OR ATTENDING PHYSICIAN: The law requires that the death cert pileCIOR: After this certificate has been signed by the attending four after death with the State Dept. of Health and Mental Hygis lem 28 is marked, or item 23 shows any injury, or of	ifica	E 8	he
OR ATTENDING PHYSICIAN: The law requires that the death DIRECTOR: After this certificate has been signed by the attentors after death with the State Dept. of Health and Mental Herm 28 is marked, or item 23 shows any injury, or	cert	ding	9
OR ATTENDING PHYSICIAN: The law requires that the de DHECTOR: After this certificate has been signed by the a perm after death with the State Dept. of Heatth and Men Ilem 28 is marked, or Item 23 shows any injury	ath	tal H	0
OR ATTENDING PHYSICIAN: The law requires that the DHECTOR: After this certificate has been signed by the train after death with the State Dept. of Health and I Item 28 is marked, or Item 23 shows any In	e de	Nen a	3
OR ATTENDING PHYSICIAN: The law requires the DIRECTOR: After this certificate has been signed from after death with the State Dept. of Health lem 28 is marked, or item 23 shows an	at th	by t	y in
OR ATTENDING PHYSICIAN: The law require DIRECTOR: After this certificate has been slighter after death with the State Dept. of He lem 28 is marked, or item 23 shows	th Si	bent the	a
OR ATTENDING PHYSICIAN: The law re DHECTOR: After this certificate has been part of after death with the State Dept. or term 28 is marked, or item 23 sh	quire	A Sign	MO
OR ATTENDING PHYSICIAN: The lan DIRECTOR: After this certificate has the dath with the State Deplem 28 Is marked, or Item 23	W re	bee	Sh
OR ATTENDING PHYSICIAN: The THECTOR: After this certificate pers after death with the State tem 28 is marked, or item	e is	has	23
OR ATTENDING PHYSICIAN DIRECTOR: After this certificants after death with the line 28 is marked, or	=======================================	cate	Hem
OR ATTENDING PHYSIS OF THE COORS After this coordinate after death with them 28 is marked,	CIAN	artiff.	6
OH ATTENDING PHONE TO THE THE CONTROL After the Control After the	1XS	is c	ed.
OR ATTENDING DIRECTOR: After deal litem 28 is m	4	t t	ark
OR ATTEN DIRECTOR: purs after Item 28 1s	DIN	Afte	E
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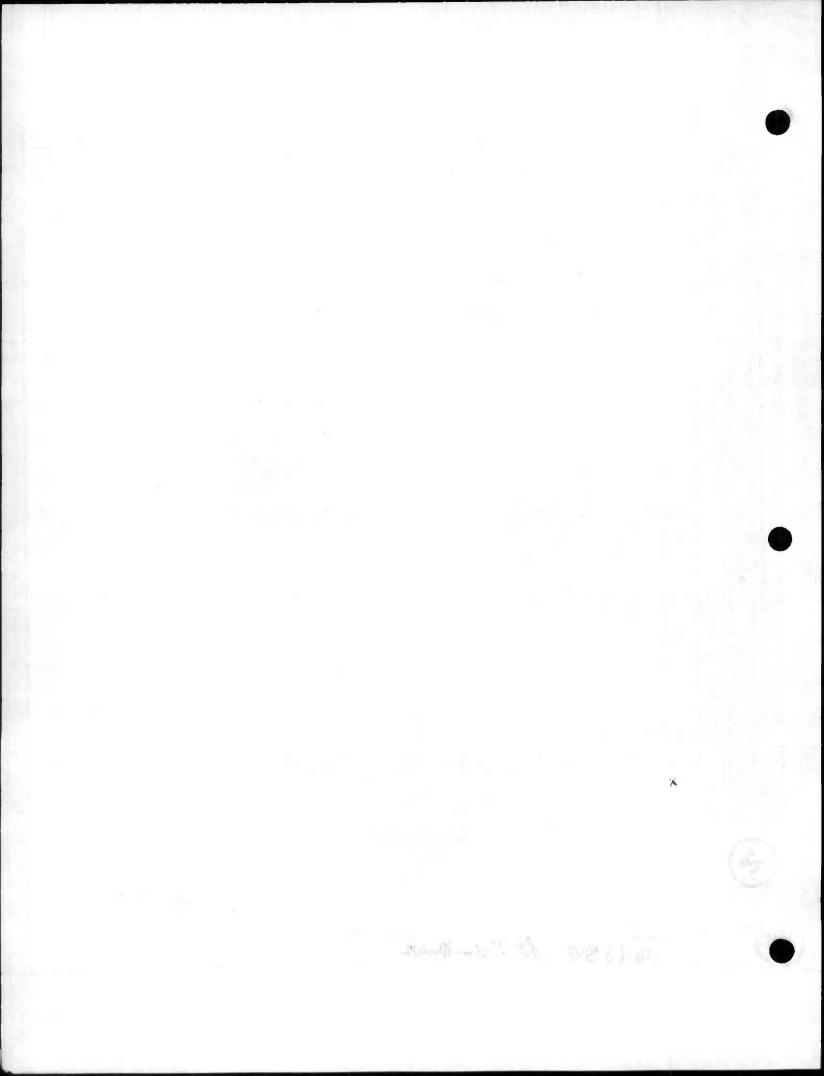
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF H	IEALTH DEA	AND I	MENTA	L HYGIE			• 0 0
	1. DECEDENT'S NAME (First, Middle, Last) HECTOR J. DELEO								2. DATE MONT JAN	OF DEATH	DAY 24	1992	3. TIME OF DEATH 10:20 A
	4. SOCIAL SECURITY NUMBER 021-10-2762	5. SEX 1 🙀 M 2 🗌 F	8. AGE (In yrs. I. 72	ast birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE (Mont OCT	OF BIRTH		A BIRTH	IPLACE (State or Foreign y) ACHUSETTS
TOR	9a. FACILITY NAME (If not institution, give street and number) NATIONAL NAVAL MEDICAL CENTER						A LOCATI	ON OF DE		<u> </u>	9c. CO	UNTY OF D	EATH
DIRECTOR	10e. STATE 10b. COUNTY VIRGINIA FAIRF	10C, CI1					TION						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	8458 BROOK RD.						2102						TATES
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 1942-1972					yes, sp	ecify Cubs	OF HISPAN In, Maxica Specify	n, Puerto	? (Specify) Rican, stc.)	'es or No-	Black	— American Indian, t, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 d) 1 - 4	·)	Give kind of version of the Do NOT us	work done di se retired.)	uring mo	st of workii			KIND OF B	USINESS/IN		
BE COM	17. FATHER'S NAME (First, Middle, Last) SIGISMONDO DELEO		011.			D A	18, MOT	HER'S NAI		diddle, Maide			
TO B	190. INFORMANT'S NAME (Type/Print) ANNELIESE DELEO			B458								(ip Code)	
	20e. METHOD OF DISPOSITION 1 \$\overline{\text{Suries}}\$ 2 \to Cremetion 3 \to Removal from State 4 \to Donation 5 \to Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other piece) ARLINGTON NATIONAL CEMETERY 1/92 ARLINGTON, Va												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Money & King Vienna Funeral Home 171 W. Maple Ave., Vienna, Va 22180											2	
	23. PART I. Enter the diseases, or on shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. CEREBRA	se on each lin	e. ЛAR A	ACCID	he mod	de of dy	ng, such	h as cerd	llac or ree	piratory as	rest,	Approximate interval Between Onset end Desti
CERTIFICATION	Sequentielly liet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):												
	PART II. Other eignificent condition	s contributing to	death but not	resulting i	n the und	erlying	cause g	lven in l	Part i.		N AUTOPSY PRMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH
PHYSICIAN: MEDICA	1 YES 2 NO												
IVSICI,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 T NO	HOSPITAL:			OTHER:				8 🗆 Other				
B⊀	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY M 1 YES 2 NO 28d. DESCRIBE HOW INJURY At home, farm, atreet, factory, office										oute Number,		
COMPLETED	4 Homicids determined	bollang, a	ис. (эрвспу)						City c	r Town, State)		oute reunices,
	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINEI	R: On the beals of ax	my Knowledge, di aminstion and/or	investigation	a st the tim	e, data i	and place, ath occun	and due t	to the cau	end place, a	nd due to ti	ited. he ceuse(s)	and manner ea stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER SUCh S Bus						29c. LICE	NSE NUM	BER			E SIGNED	(Month, Day, Year)

J. E. BROWN, LT, MC, USNR
31. DATE GREE (MONTH, Del. Year)

JAN 13 1992 REGISTRAR'S SIGNATURE

NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MD 20889-5000



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death, Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this 2 hours after death wi	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR	TO THE FUNERAL DIRE be filed within 72 hour	IMPORTANT: If Item

	1 - FOR STATE REGISTRAR	SIAIE UF N	MARYLAND	DEPAI ERTIF	ICATE	OF H	DEAT	AND I	MENTA	REG. NO		_	
	1. DECEOENT'S NAME (First, Middle, Last)	01	995						2. DATE	E OF DEATH	AY 2	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		HPLACE (State or Foreign	
DIRECTOR	577-05-6248D	1 🗆 M 2 😿 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) /2/03		DC	iry)
	9e. FACILITY NAME (# not institution, give str Washington Adven	· ·	pital				Par					UNTY OF I	DEATH
	RESIDENCE OF DECEDENT 10a. STATE DC 10b. COUNTY				y, town o	R LOCAT	ION				110	JILC	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER						. ZIP CODE			_	100 00	FIZEN OF	1 X YES 2 NO
E H	4502 Dix St NE						2001				USA	TILLIN OF	WHAT COUNTRY?
DI FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	RMED	1	yes, spe	ENDENT O	F HISPAN	n, Puerto	N? (Specify Ye Rican, etc.)		14. RAC Blec Blec	E — American Indian, k, White, atc.
ם ב	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. D	ECEDENT'S	USUAL OC	CUPATIO	N st of workin	a	164	. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 + None	,	Give kind of b. Do NOT u			a worm						
5	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAI	ME (First,	Middle, Maiden	Surname)		
u l	Alexander Lewis								enni				
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7415 9th St NE, DC 20012												
	20a. METHOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other place) Lincoln Memorial 20c. LOCATION — City or Town, Stata 1/16/92 Suitland, Md												
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE CONTRACTOR	2/		22.1	AME AN	12tl	S OF FAC	John	T Rhi	nes	Co.,	Inc.
IIIICALION CO	23. PART i. Enter the diseasea, or conceptock, or heart feiture. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate	Acute 1	Caused the dise on each line	Long	Fail	ine	7			diec or reepi		rest,	Approximate interval Betwee Onset and Daar
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST												
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO 24b. WERE AUTOPSY FINDING COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												
SICIOIS	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/0-1-1-1-1		OTHER	:	ACE OF DE						
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, Da	ER/Outpatient 3 INJURY ly, Year)	28b. TIM		28c. INJU				F (Specify)	NJURY OC	CURED	
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE Of building, i	INJURY — At horte. (Specify)	ome, ferm, s	street, facto	ry, offica			261. LOC City	ATION (Street a or Town, State)	and Numbe	r or Rural F	Poute Number,
. 1	29a. CERTIFIER (Check only			100									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print)

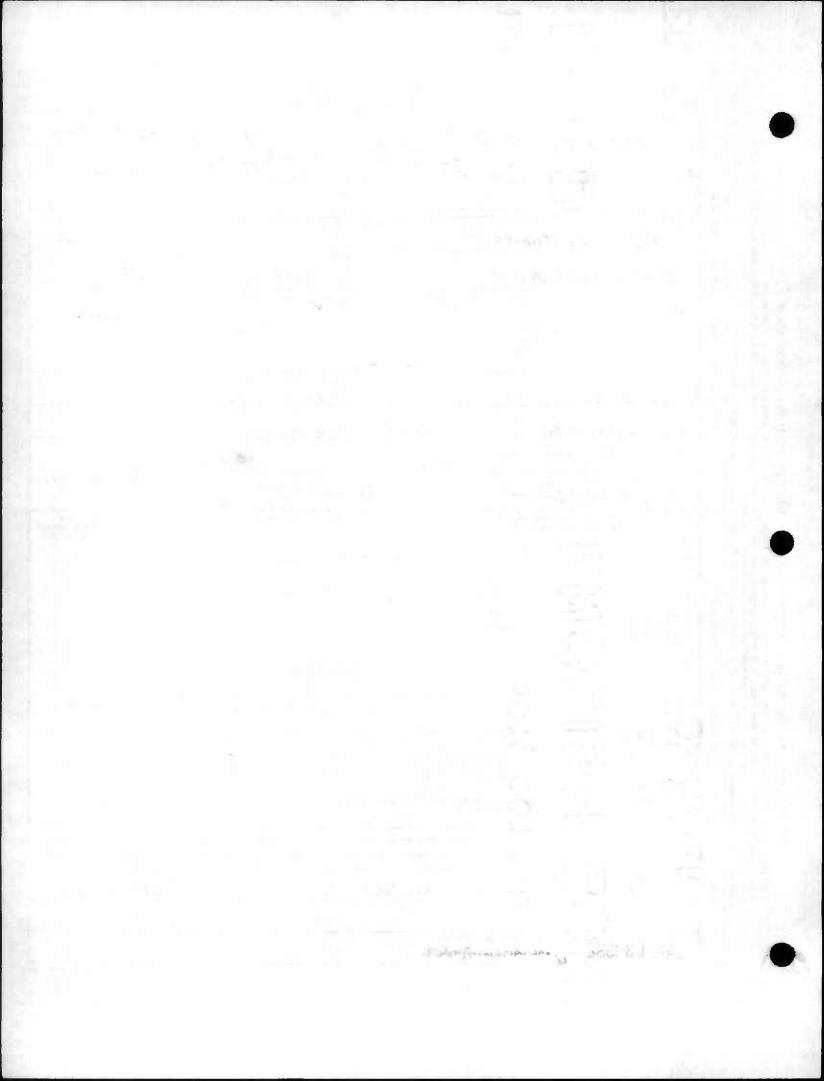
SAMUEL L. DERHAY, M.D. 7610 CARROLL INC., TAKOMA PARK, M.D.

1. GANZI 3 1992

Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10	101	De fi	F

	STATE OF MARYLA		ATE OF DEAT		REG. NO.			
1. OECEOENT'S NAME (First, Middle, Last) ALICE	DIXO	N		2. DATI MON	E OF OEATH TH DAY	92 3. TIME OF DEATH		
220-07-7903 98. FACILITY NAME (If not institution, give stre	1 □ M 2 🂢 F 🦪	8 YRS. MON	UNDER 1 YEAR IF UNDER STATES DAYS HOURS CITY, TOWN OR LOCATIO	MIN. O'T		6. BIRTHPLACE (State or Foreign Country) DUNTY OF OEATH		
Stella Maris Hosp RESIDENCE OF DECEDENT 108. STATE 106. COUNTY BA	timere	10c. CITY, TO	TOWSON OWN OR LOCATION		В	Baltimore 10d. INSIDE CITY LIMITS? 1 YES 2 PNO		
100. STREET AND NUMBER 1225 CAVEND 11. MARITAL STATUS	5h WAY 12. WAS DECEDENT EVER IN U		13. WAS DECENDENT OF	224 F HISPANIC ORIG	IN? (Specify Yes or No—	10g. CITIZEN OF WHAT COUNTRY?		
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT		If yes, specify Cuban 1 YES 2 17 No	Specify:		Black, White, etc. Specify: Black		
15. OECEOENT'S EOUC/ (Specify only highest grade of Elementary/Secondary (0-12)		16a. OECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working tired.)	7	b. KIND OF BUSINESS/I	NDUSTRY		
17. FATHER'S NAME (First, Middle, Last)				ER'S NAME (First,	Middle, Maiden Surname)		
FRANK Lee			Ber	vice e	lee			
19a. INFORMANT'S NAME (Type/Print)	DRESS (Street and Number	or Rural Route Nui		Zip Code)				
SANdrA M. White	e		CAVENdISI					
20a. METHOD OF DISPOSITION 1 **Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State of ce	PLACE AND DATE OF Imetary, cramatory or of	other placa)	1/2	SE BAIL	mere, Md.		
21. SIGNATURE OF FUNERAL SERVICE LICE TO STANDARD A. B.	4		William C	Brow	is Commun	mere, Ind.		
shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaufiling in death) BREAST CANCER DUE TO (OR AS A CONSEQUENCE OF): METASTATIC DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	DUE TO (OR AS A C		DISEAS	E				
If any, leading to immediate			DISEAS	E				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A (CONSEQUENCE OF):			24s. WAS AN AUTOPS PERFORMED? 1 □ YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A (CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in t	the underlying cause g		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (CONSEQUENCE OF): t not resulting in to	the underlying cause g	jiven in Part i.	PERFORMED? 1 VES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO 27. MANNER OF DEATH	DUE TO (OR AS A C	CONSEQUENCE OF): t not resulting in to	26. PLACE OF OITHER: Nursing Home 5 Re	EATH (Check only seldence 6 CXOt	PERFORMED? 1 VES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR AS A Company to death but but but but but but but but but but	t not resulting in to	26. PLACE OF OITHER: Nursing Home 5 Re PLACE OF OITHER: WORK? M 1 YES 2	EATH (Check only eldence 6 [VOII] NO 286. LC	PERFORMED? 1 VES 2 NO one) her (Specify) HOS ESCRIBE HOW INJURY (AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A Company of the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contribution of	tient 3 DOA 25b. TIME 0 INJURY	26. PLACE OF OITHER: Nursing Home 5 Re F 26c. INJURY AT WORK? M 1 YES 2 et, factory, office	EATH (Check only seldence 6 CXOt) NO 26d. LC CC and due to the co	PERFORMED? 1 VES 2 NO Nor (Specify) HOS ESCRIBE HOW INJURY (DOCATION (Street and Num by or Rown, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SDICE OCCURED		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A Company of the contributing to deeth but the contributing to deeth but the contributing to deeth but the contributing to deeth but the contribution of	tient 3 DOA 25b. TIME 0 INJURY	26. PLACE OF OITHER: Nursing Home 5 Re FY 26c. INJURY AT WORK? M 1 YES 2 et, factory, office at the time, date and place, in my opinion, death occur	EATH (Check only seldence 6 CXOt) NO 26d. LC CC and due to the co	PERFORMED? 1 VES 2 NO One) her (Specify) HOS ESCRIBE HOW INJURY (DCATION (Street and Num by or Town, State) Esuse(a) and manner as that and place, and due to	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SDICE DOCURED Stated.		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A C	tient 3 DOA 25b. TIME 0 INJURY	26. PLACE OF OITHER: Nursing Home 5 Re F 26c. INJURY AT Y WORK? 1 YES 2 et, factory, office at the time, date and place, in my opinion, death occur	EATH (Check only eldence 6 [VOti 2ed. D] NO 26f. LC C/	PERFORMED? 1 VES 2 NO One) her (Specify) HOS ESCRIBE HOW INJURY (DOCATION (Street and Num ty or Town, State) cause(a) and manner as the and place, and dua to 29d. E	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SDICE OCCURED stated. o the cause(e) and manner as stated		



DHMH-16 Rev 1/89

executed within 24 nours after death. Page 6 may be retained by the hospital or attending	and completely filled in by the funeral director, page 5 should be detached for use as the burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HE	
CERTIFICATE OF I	DEATH REG. NO.

FOR STATE REGISTRAR						DEATH	_	REG. NO			
. DECEDENT'S NAME (First, Middle, Last)	KARL	C. 1	DOD				M		o, 1	YEAR 992	3. TIME OF DEATH 11:00 A
579-30-7557	5. SEX 6. A	NGE (In yrs. lesi t	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	1 (1	ATE OF BIRTH Month, Day, Year) AN . 22,	1909	Coun	HPLACE (State or Foreig try)
a. FACILITY NAME (If not institution, give	street and number)	0 23		9b. CITY,	, TOWN O	R LOCATION OF D	_	1110227		NTY OF	
205 CH	ANCERY RO	AD			E	BALTIMO	RE	,CITY			
RESIDENCE OF DECEDENT	rv		10c CIT	Y, TOWN C	OR LOCAT	ION	,				10d. INSIDE CITY
MD.	COUNTY			1, 101111		BALTIMO	DE	CIMV			LIMITS?
Ge. STREET AND NUMBER						ZIP CODE	KE	, СТТТ	10g. CIT	IZEN OF	WHAT COUNTRY?
205 CH	ANCERY RO	λD				21	21	8		U.	S.A.
11. MARITAL STATUS Nover Married 2 Married Millowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1	ER IN ARM			If yes, sp	ENDENT OF HISPA city Cuban, Maxic NO Specia	en, Pu		s or No	14. RAC Blee Spec	E — American Indian, ck, White, atc. city: WHITE
15. DECEDENT'S ED! (Specify only highest grad		16a. DEC	EDENT'S	USUAL O	CCUPATIO	N sl of working		16b, KIND OF BU			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. L	Do NOT u	se retired.)	TOR				OF SEAR		STORY AN
12	6			urs	TOK					СП	
17. FATHER'S NAME (First, Middle, Last) GUSTAV	DOD					100000000000000000000000000000000000000		irsi, Middle, Maider	Surname)		
19a. INFORMANT'S NAME (Type/Print)		401	MAPINA	ADDRESS	Q /Dames -	ANNA	_		sen Oberte Wi	n Codel	
MR. J.DARBY B	OWMAN		MAILING ADDRESS (Street and Number or Rural Route Number, Cit 11 WASHINGTON AVE • T							21204	
	Cremation 3 - Removal from State of cemeta				OSITION place)	(Name IATORY	1		DCATION —		
I ☐ Donation 5 ☐ Other (Specify)		LERBE			. K H V	ATCHA	T/	II IBA	$\Gamma . \Gamma . \Gamma M$	ORE	,MD.2120
SIGNATURE OF FUNERAL SERVICE I	ICENSEE	J.C.D.D.	14 1.1				ACII IT		VOD	K D	OND 2121
23. PART I. Enter the diseases, or	complications that can List only one cause of a. C.L.	used the daa on each line.	ath. Do	22.	NAME AN	Y W. J	EN	v 4905 KINS A	YOR ND S	K R ONS	OAD 2121 BALTO, M Approximate Interval Betwoonset and D
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR	used the daa	UENCE O	22. Innot antar	NAME AN	Y W. J	EN	v 4905 KINS A	YOR ND S	K R ONS	• BALTO, M
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23. PART I. Enter the diseases, or shock, or heart failure immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR C. DUE TO (OR d. DUE TO das	AS A CONSEON	UENCE O	22. F. not antar	NAME AT HENR that mo	D ADDRESS OF FA	EN as	V 4905 KINS A. cardiec or resp	YOR ND S piratory ar N AUTOPSY PRMED?	K R ONS	Approximate Interval Betwoen and D Approximate Interval Betwoen and D AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
23. PART I. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEON AS A CONSEON AS A CONSEON AS A CONSEON AS A CONSEON	UENCE O	22. H. In the UI	NAME AN HENR that mo	D ADDRESS OF FA	EN as Part	V 4905 KINS A: cardiec Dr resu	YOR ND S piratory ar N AUTOPSY PRMED?	K R ONS	Approximate Interval Betwoen and D Approximate Interval Betwoen and D AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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23. PART I. Enter tha diseases, or ahock, or heart failure immediate Cause (Final disease or condition resulting in death) Sequentially liet conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the cause. Examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Heart Significant conditions in the cause i	complications that can be complicated as a. List only one cause of a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. D. DUE TO (OR d. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. D. D. D. D. DUE TO (OR d. D. D. D. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	AS A CONSEON AS	UENCE O UENCE O UENCE O UENCE O 28b. Till The, farm, who occur revestigati	22. Finot antar not antar in the use of th	ndarfyln	g cause given in	EN. Ch as Part Part Line to the time to the time time time.	I. 24a. WAS A PERFO 1 YES Other (Specify) I. DESCRIBE HOW City or Town, State the cause(a) and man, data and place, to the cause(a) and man, data and place, to the cause(b) and man, data and place, to the cause(a) and man, data and place, to the cause(b) and man, data and place, to the cause(a) and man, data and place, to the cause(b) and man, data and place, to the cause(b) and man, data and place, to the cause(b) and man, data and place, to the cause(b) and man, data and place, to the cause(b) and man, data and place, to the cause(b) and man, data and place, to the cause(b) and the cause(b) a	YOR ND S piratory ar N AUTOPSY PRMED? 2 NO	CCURED or or Rura atted.	Approximate Interval Betwoen and D Approximate Interval Betwoen and D AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should ith the State Dept. of Heatth and Mental Hygiene prior to buriat, cremation, or removal.	1, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic	

	1 - STATE REGISTRAR	SIAIE OF MARYL	AND / DEPAI CERTIF	TIMEN	T OF H	DEAT	AND M	IENTAL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Lest) James	Duke					-	2. DATE OF DEATH MONTH DM 1-10-92	14	YEAR	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1MM 2 🗆 E	(In yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPI Country)	ACE (State or Foreign
J.B	214 26 9415A 90. FACILITY NAME (If not institution, give st 6912 Golden Rir	FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D							NTY OF DEA	SYLVANTA imore	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Baltimore	10c. Cf1	Y, TOWN	OR LOCAT	ion ale				1	0d. INSIDE CITY
	100. STREET AND NUMBER 6912 Golden Ring				. ZIP CODI	237		10g. CIT	IZEN OF WH	TYES 2 NO AT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 PYES IF YES, GIVE WAR OR D	IN U.S. ARMED 2 NO PATES	- 1	If yea, spe	ecify Cuba	F HISPANIC n, Mexican, Specify:	C ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No-	14. RACE - Black, V	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during mo:		g	16b. KIND OF BUS	INESS/IND	DUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)		L US ARM	Y		18 MOTE	IED'S NAM	RETTRE			
BE C	TREVOR DUKE							GROVE	Surname)		
то в	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRES	S (Street a			ute Number, City or Town	n, State, Zip	Code	
ř	LILLIAN M. DUKE							ROSEDAL			27
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo	val trom State	D. PLACE AND DATE	OF DISPOS	SITION (No.	me of				City or Town	
	4 Donation 5 Other (Specify)		GARDENS	OF	FAIT			1113 BAT	LTTM	ORE. A	D
	►69 € 0	ASSET ASSET		22.	121	1 Che	s of Facil Saco Seda	Ave. 1e Funera:	l Hon	ne	
	23. PART I. Enter the diseases, or co	omplications that cause	d tha death. Do	not entar	the mo	da of dyi	ng, such	aa cardiac or respir	ratory arr	reat,	Approximate
1	in all tenure. List only one couse on each line.									Onact and Death	
NOI	Sequentielly list conditions,		A CONSEQUENCE O								
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events		CONSEQUENCE O								
CERI	resulting in deeth) LAST										
MEDICAL	PART II. Other eignificent conditions	contributing to deeth b	out not resulting	in the ur	nderlying	ceuse g	iven in Pi	24a. WAS AN PERFORM 1 YES 2	WED?	AA CH	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER	a :		ATH (Checi				
Ħ	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp 28e. DATE OF INJURY	28b, TIM		26c. INJU	_		Other (Specify)	IIIBY OC	NIDED	
ВУР	1 Natural 5 Pending Investigation	(Month, Day, Year)		URY M	WOI	RK?		OC. DESCRIBE NOW IN	JOH! OCC	ONED	
- 1	2 Accident investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	M 1 YES 2 NO			2	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICION 2 MEDICAL EXAMINER	IAN: To the best of my know	ledge, daath occurn	ed at the t	lme, date :	and place,	and due to	the cause(s) and mannine, data and place, and	ner as state	ed. e cause(s) ar	nd manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	PD OF					NSE NUMB			E SIGNED (M	onth, Day, Year)
-	Neil S. Friedw	an mo Ho	hoowing	Print)	Soi	tal	310	o Wymer	· Pa	erk	
	JAN 1 3 1992	32. REGISTRAR'S SIGN.	Handale.					/			



THE REPORT OF THE PARTY OF THE

I STATE OF ALL PRINCIPLE PRINCIPLE AND INTERIOR DESCRIPTION OF ENGINEER WITHIN STATE OF THE OF THE PRINCIPLE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filled within 72 hours after death with the State Dept, of Heatth and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Š	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE REGISTRAR	OF MARYLAND / DEPA	RTMENT OF HE		TAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth Eb	erline		M	ATE OF DEATH DAY	YEAR SIOP M			
	4. SOCIAL SECURITY NUMBER 220 - 40 - 8550 1 m 2 98. FACILITY NAME (If not institution, give street and number 1)	10	MONTHS DAYS I	James Laure (A	ATE OF BIRTH Aorith, Day, Year) 2 20 0	8. BIRTHPLACE (State or Foreign Country) Hatyland JNTY OF DEATH			
TOR	Cromwell Dursing (More Co		altimore Co.			
DIRECTOR	100. STATE 10b. COUNTY MD Baltim	10c CITY, TOWN OR LOCATION Bally OF				10d. INSIDE CITY LIMITS? 1 YES 1 NO			
FUNERAL	7401 Kenlea	Ave	101. 2	21236		J.S. A			
BY FUN	1 Naver Merried 2 Merried FORCE	ECEDENT EVER IN U.S. ARMED ES? 1 YES 2 NO GOIVE WAR OR DATES	If yes, spec	NDENT OF HISPANIC OF Ify Cuban, Mexican, Pue NO Specify:	RIGIN? (Specify Yea or No— erto Ricen, atc.)	14. RACE — American Indian, Black, White, stc. Specify:			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 5th grade	(Give kind of life. Do NOT		of working	16b. KIND OF BUSINESS/IN	DUSTRY			
OMF	17. FATHER'S NAME (First, Middle, Last)	Seat	nstress	18, MOTHER'S NAME (FI	irst, Middle, Malden Surname)				
BE C	August Mullhausen			Amanda	E. Knight				
TO B	19e. INFORMANT'S NAME (Type/Print)				Number, City or Town, State, Z.				
-	Leslie H. Becker	331			ue Balto., N				
	20a. METHOD OF DISPOSITION XXX Burtel 2 Cremetion 3 Removal from 5 4 Donation 5 Other (Specify)	State other place)	osition (Name of come f Faith Ce			- City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			AE AND ADDRESS OF FACILITY					
	* Laserka Juner	1. Stone		sahn Fune					
	23. PART . Entar tha diseesas, or complicati				Rd. Balto.,				
	shock, or heart failure. List only IMMEDIATE CAUSE (Final disease Dr condition resulting in death)		Farlie	The 2 to lung lancer onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (ON AS A CONSEQUENCE	e Hea	Heart Failure					
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contrib	iting to death but not resulting	g in the underlying	cause givan in Part	I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 U YES 2 U NO			
Ä									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TAL:	25/PLA	CE OF DEATH (Check of	nly one)				
IXSI		tient 2 ER/Outpetient 3 DOA	4 Sursing Home	6 Realdence 6		OCUPEO.			
	1 Natural 5 Pending		NJURY WOR		DESCRIBE HOW INJURY O	CCUMED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	PLACE OF INJURY — At home, farm building, atc. (Specify)		1 1 123 2 110					
COMPLETED	(Check Only	ne best of my knowledge, death occu							
TO BE C	20b. SIGNATURE AND TITLE OF CENTIFIER W	Eis MI		29c. LICENSE NUMBER	45 29d. DA	ATE SIGNED (Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLE Fredric S. Sirkis			Balto.,	Md. 21222 (284–1313)			
	31. DATE FILED (Month, Day, Year)	GISTRAR'S SIGNATURE				•			

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED MON

3 1992

	1. DECEDENT'S NAME (First, I		ROLINE FI	EISHELI						2. DAT MOR	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-01-2946	R	5. SEX	or the (in you least but		MONTHS DAVE		IF UNDE	R 24 HRS.	(Mo	E OF BIRTH oth, Day, Year)	92 3:53P 8. BIRTHPLACE (State or Facuulty) Maryland		HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not inst	9a. FACILITY NAME (If not institution, give street and number)					r. TOWN C	DR LOCAT	ION OF D		17.00	1 ac COII	INTY OF	
E C	1902 Larch Ct.						gewo						arfo	
5	RESIDENCE OF DECE											По	TLIO.	ru
DIRECTOR	Maryland Harford 10c. cit				Y, TOWN	OR LOCAT							10d. INSIDE CITY LIMITS? 1 YES XX NO	
AL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
E	XX 1902 Larch Ct.							2104	40			ī	JSA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 1. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES					If yea, sp	ecity_Çubi	OF HISPAI nn, Maxica Specif	in, Puarto	IN? (Specify Yea Rican, etc.)		14. RAC	E — American Indian, k, Whita, atc.	
TO BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) Collega (1-4 or 5 +) 12.				Give kind of e. Do NOT u	work done se retired.)	during mo	ON st of worki	ng	16	b. KIND OF BUS			
	17. FATHER'S NAME (First, Mide	dle (set)			36	lect	or				Weathe		ıstrı	ments
	Francis A.		v					18. MOT			Middle, Maiden	,		
	19a. INFORMANT'S NAME (Typ		,	1.	05 MAII INC	400000	2 (0)				rine Mo			
							AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Larch Ct. Edgewood Marylad 21040							
	20a_METHOD OF CISPOSITION 20b_PLACEANDDATE 20b_PLACEANDDATE 20b_PLACEANDDATE 20b_PLACEANDDATE 20b_PLACEANDDATE								igewo	-				own, Stata
	4 C Oonetlop 5 C Other (S	(pecify)		More	amatory or o	mer place) Memo	rial	Par	k					aryland
	MMU Dennis S	tephe	XOuq Xenaki		0640	22.	NAME AN	O ADDRE	ss of fa Mi	ciuty Ltch	ell-Wie ltimore	defe	ld E	Iome
	23. PART I. Enter the dis- shock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)	irt fallure. I	omplications that list only one cau	se on each lin	0.	ot enter	the mo	de of dy	ing, suc	h as ca	rdiac or respi	retory an	rest,	Approximate interval Betwee
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	nte G	502 10	(OR AS A CONSE	OUENCE OF	·):	0.	21.	lio l	1A	reuls	pl.	2	
PHYSICIAN: MEDICAL CI	PART II. Other significant Chronic As Three	condition	s contributing to	death but not	P C	n the un	the underlying cause given in Part I. 24a. WAS AN AUT PERFORME! 1 □ YES 2 P				24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN:	25. WAS CASE REFERRED TO	MEDICAL					28. PL	ACE OF D	EATH (Che	eck only o	ne)			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num	₹:				er (Specify)			
ВУ РНУ	27. MANNER OF DEATH Natural 5 Pe 2 Accident Inv	nding restigation	28a. DATE OF (Month, Di	INJURY	28b. TIMI	E OF	28c. INJU	IRY AT			SCRIBE HOW IN	JURY OC	CURED	
	3 Suicide 8 Co	uid not be larmined	28a. PLACE Of building,	FINJURY — At he atc. (Specify)	ome, ferm, s	treet, fact	ory, office			28f. LO City	CATION (Street a: or Town, State)	nd Number	or Rural f	Poute Number,
٦ I			IAN: To the best of											
COMPLETE	2 MEDICA	L EXAMINER	: On the beale of ax	amination and/or	investigatio	n, in my o	pinion, de	ath occur	ed at the	time, dat	a and place, and	dua to th	e cause(a) and manner as stated.

OF DEATH (ITEM 27) (Type, Print)

cca

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osler DR

TO THE FUNEFAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months that he death. Page 6 may be retained by the hospital or attending physician.

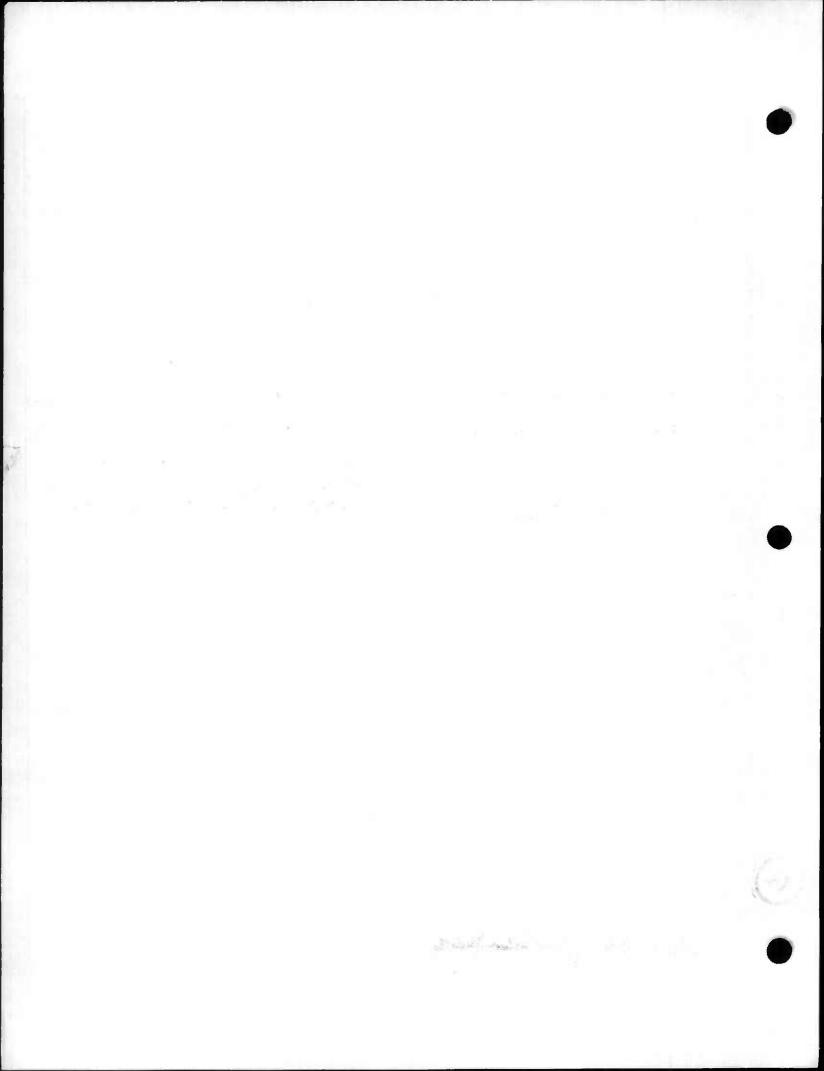
TO THE FUNEFAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Le					2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
	JOSEPH EDWAR		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII	12	92	1:05 p. M
	214-16-0085 9a. FACILITY NAME (If not institution, gi	1 🗶 M 2 🗆 F	/6ar) /22	Hanover, Md.					
TOR	DVA Medical Cntr	Ft. Howard.		timore	earn .	96. COO	oc. county of death Baltimore		
DIRECTOR	10a. STATE 10b. COL		10c. CITY, 1	TION		-		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER				. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1831 Cremen Ro				21122			U.S.	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR WWTT	S 2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexica 2 XNO Specify	n, Puarto Rican,		14. RAC Blac Spec	E — American indian, k, White, etc. #/y: WHITE
ETED		15. DECEDENT'S EDUCATION (Specifly only highest grade completed) (Give kind of wor				16b. KIND	OF BUSINESS/IN	DUSTRY	
COMPL	10		Ship	fitter				COAST	GUARD
ទូ	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	_ (Malden Sumame)		
B	ALEXANDER GOI 19a. INFORMANT'S NAME (Type/Print)	AS	195 MAILING AL	DRESS /Street /	ANNA and Number or Rural	KULIS	ly or Town State 7	n Code)	
2	Melvin Hall				es. Berl				
	20a. METHOD OF DISPOSITION		Ob. PLACE OF DISPOSIT				20c. LOCATION -		own, State
	4 Donation 5 Other (Specify)	X III CCCC	Crownsvill	_			Crownsv	ille	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 5695 Main St., Elkridge, Md. 21227								1227
	23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cerdisc or respirator ehock, or heart fellurs. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) • METASTATIC CARCINOMA OF THROAT Due To (or as a consequence of):						or reepiratory as	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ERTI	that initiated events resulting in death) LAST	d							
MEDICAL C	PART II. Other significent cond	itione contributing to deet	but not resulting in	the underlyin	g ceuee given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 X NO
z									
S	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (C/	neck only one)			
PHYSICIAN:	1 TYES 2 TNO	1 Dinputient 2 - ER/O			IURY AT		ecify) E HOW INJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, Yea		₹Y W	ORK? YES 2 NO	200. 02.001112	E HOW MOOTH O	5001125	
тер ву	2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF INJU building, atc. (S	RY — At home, farm, str pecify)	eet, factory, offic	28	26f. LOCATION City or Tox	N (Street and Number vn, State)	er or Rural	Route Number,
COMPLETED	one)	HYSICIAN: To the best of my kn							(a) and manner as stated.
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9	DR. JOSEPH QUIS	T, M.D. 960	O NORTH PC		AD, FORT	HOWARD	, MARYL	MP	21052
	JAN 1 9 1992"	Julia Davidson A	GNATURE						

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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH		GIENE 5. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	Ganzermi	1			2. DATE OF DE	АТН	YEAR 3. TIME OF DEATH 2 50 A M
	4. SOCIAL SECURITY NUMBER 213345708	110M2 OF 5	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	11/2	9/37	B. BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give st Church Hosp RESIDENCE OF DECEDENT	oital Oital		Balt	male 1	DEATH /	9c COUNT	of DEATH Lt. City
DIRECTOR	m) 10a. STATE SOB. COUNTY Ba	et city	IOc. CIT	x, TOWN OR LOCAT	its			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	101 Center f	lace Ap	+711		212	22		N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Nover Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 [] YES IF YES, GIVE WAR ON DAY	2 190	If yes, spe	ENDENT OF HISP/ pcify Cyban, Mexic 2 NO Spec	ANIC ORIGIN? (Spec can, Puerto Rican, a city:	Ify Yea or No—	4. RACE — American Indien, Black, Whita, etc. Specify:
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (G/12)	CATION completed) College (1-4 or 5+)	(Give kind of a		st of working		OF BUSINESS/INDUS	STRY /
COMPL	17. FATHER'S NAME (FORE MODES, LUST)	-0 GANZ		echn.		AME (First, Middle, A	CHRIS (faiden Sumame)	c/ ppolipic
TO BE	180. IMECHINANT'S NAME (Prospring)	periner.		ADDRESS (Street at	nd Number or Rura	I Route Number, City	200 1.6	- 1/0
	20, AETHOD OF DEPOSITION 1 Burtal 2 Cremation 3 Parmo 4 Donation 5 Other (Specify)	ovel from State come	tery, crematory or o	OF DISPOSITION National Place	trie of	DATE 2	BAK	ty or Town, State
	21. BIONATURE OF VUNERAL BERVICE LIQ	1/ Zous	new]		D ADDRESS OF F	TAN.	INOJ	R. F.H
	23. PART I Ghter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	on all effors that caused ist only one cause on each only one cause on each on the cause on each one on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of the cause on the cause of the c	odekin	Slyn	,		respiratory erres	Approximate intervel Between Onset and Death
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C			
PHYS	27. MANNER OF DEATH	1 ☑ Inpatient 2 ☐ ER/Outpat 28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c, INJU	RY AT	8 Other (Specification of the Control of the Contro	OW INJURY OCCUP	RED .
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide	28e. PLACE OF INJURY -		M 1 7	ES 2 ND	284 LOCATION (S	treet and Number or	B
ETEC	8 Could not be determined	building, etc. (Specify	γ)			City or Town,	State)	nural House Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowled: R: On the basis of examination a	dge, death occurre and/or investigation	d at the lime, data : n, in my opinion, de	and place, and du- ath occured at the	e lo lhe cause(a) an e time, date and pla	d manner as stated. ca, and dua to the c	ause(a) and manner ae stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 20 NAME AND TOOLS OF CERTIFIER	Lah	mo		29c, LICENSE NU	MBER / 6	29d. DATE S	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO JOEL S. Lah 31. DATE ELED (LOCAL DEL MOL)	COMPLETED CAUSE OF DEAT	Brac	edway	St. B	alt, p	10. 21	23/
	JAN 13 1992" Jul	. AZ REGISTRARIO SIGNAT	N. C.	7				



A 100 11-11- 001 A	MARYLAND 21215-0020	be retained, by the hospital or attending physicians	ge 5 should be described for use as the sunal-transit permit. Pages 1, 2, 3 should		e notified at once
A 100 11-11- 001 A	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 8 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b

	FOR	STATE OF MARYL	AND / DEP	RTMENT	OF HEALTH A	ND MEN	AI HYGIF		4	
	1 - STATE REGISTRAR				OF DEATH		REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	JOSEPH G. GLAB	JR.					1		992	1:07 p.m.
	4. SOCIAL SECURITY NUMBER	The second secon	(In yrs. last birthday			C0.4	TE OF BIRTH onth, Day, Year)		8. BIRT	HPLACE (State or Foreign
15	213-10-104/	1 ☑ M 2 □ F	75 YRS.	MONTHS	DAYS HOURS I	ww. 08	– 06–	1916	Coun	Maryland
-	9e. FACILITY NAME (If not institution, give stre	set end number)		9b. CITY,	TOWN OR LOCATION				JNTY OF I	
OR	THE JOHNS HOPK	INS HOSPITA	Ι.	BA	ALTIMORE (TTY		70.0		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT					1111		32		<u> </u>
IRE	10e. STATE 10b. COUNTY		10c. C	ETY, TOWN O	R LOCATION					10d. INSIDE CITY LIMITS?
0	Maryland		Bal	Ltimor	e					1 XYES 2 NO
M	100. STREET AND NUMBER				101. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
É	Dundalk Ave. 140	5			21222			Un	ited	States
5		12. WAS DECEDENT EVER I	N U.S. ARMED	13. W	MAS DECENDENT OF	IISPANIC ORI	GIN? (Specify			E — American Indian, ik, White, etc.
BYF	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES)ATES		YES 2 XNO	Mexicen, Puer Specify:	to Rican, atc.)			White
	15. DECEDENT'S EDUCA	WW 2	16a. DECEDENT	TO LIGHT OC	CONTINU					MILLE
COMPLETED	(Specify only highest grade co	ompleted)	(Give kind o	'S USUAL OC of work done di use retired.)	CCUPATION furing most of working		66. KIND OF E	BUSINESS/IN	DUSTRY	
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OMI	17. FATHER'S NAME (First, Middle, Lest)		Auto Wo	orker			GM Ao		11es	
		CT ala			- 1		t, Middle, Maid	en Surname)		
BE	Joseph NMN 190. INFORMANT'S NAME (Type/Print)	GLab			UNKN					
2					(Street and Number or					
1	Anthony Glab					Baltim	ore, M	d.212	11	
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remov 4 Donetion 5 Other (Specify)	ral from State can	b. PLACE AND DAT metery, crematory of	other place)		1		LOCATION -		
	21. SIGNATURE OF FUNERAL SERVICE LICE		St. Star		S	OS SACILITY	/15 B	altim	ore,	Md.
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition reautiling in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check.pnf) 1 CERTIFYING PHYSICI.	DUE TO (OR AS A DUE TO (OR AS A CIVAS DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting Petient 3 DOA 28b. Till Y — At home, ferm City)	OF): OF): OF): OF): OF): OTHER 4 Nursi	Dabrowsk the mode of dying. 2 S.C. deriying cause give 28. PLACE OF DEAT : ing Home 5 Reelde 28c. INJURY AT WORK? 1 YER 2 N ry, office	an in Part I. H (Check only ence 6 0 281. L	24a. WRS / PERF 1 YES One) her (Specify) ESCRIBE HOV DCATION (Street or Town, States ause(e) and management of the states of the	AN AUTOPSY ORMEO? 2 No v shjury och et and Number se eta end due to t	24b	Approximata interval Between Onset and Daath 12 hrs 10 yrs WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO

hus Hopkins Huspital LE MD J 32 REGISTRAP'S GIGNATURE JAN 1 3 1992 Michzel
31. DATE FILED (Month, Day, Year) Johns

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Bulline

Taring Page 1

- Company of the second

FOR STATE REGISTRAR

1

	1. DECEDENT'S NAME (First, Middle, Lest)	Ha	- Fri	F DEATH	2. DATE OF DEATH MONTH	8° 19	3. TIME OF DEATH
	219 26 6808 1 M 2 X F 5	(In yrs. last birthday) 3 YRS.	F UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) MAY 22, 1	938	BALTIMORE
TOR	99. FACILITY NAME (If not institution, give street and number) LIBERTY NEDICAL CENTER RESIDENCE OF DECEDENT			N OR LOCATION OF D		_	TY OF DEATH
L DIRECTOR	10a. STATE 10b. COUNTY MARY LAND 10a. STREET AND NUMBER		BALTIMORE				10d. INSIDE CITY LIMITS? 11 YES 2 NO
VERAL	3200 CARLISLE AVENUE			21216			OF A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT OF HISPA specify Cuban, Mexic YES 2 NO Speci		ea or No-	4. RACE — American Indian, Black, White, atc. Specify: BIACK
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of	S USUAL OCCUP work done during ise retired.)	ATION most of working	18b. KIND OF B	USINESS/INDU	STRY
COMPLE	College (1-4 or 5 +) College (1-4 or 5 +) 2 YEARS	CLAIMS			SOCIAL	SECUR	ITY ADMINIST
S	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Meide		
BE	WILLIAM B. SMITH 190. INFORMANT'S NAME (Type/Print)	105 MAN INC	ADDRESS (O		JANET LO		
2	MRS. JANET SMITH			LE AVENUE	RATTTMOR		YLAND 21216
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State	. PLACE AND DATE					ty or Town, Stata
MEDICAL CERTIFICATION	if any, leading to Immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF	F):		yocardial Part I. 24a. WASA PERFO	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
AN: M	25. WAS CASE REFERRED TO MEDICAL						1 TES 2 NO
SICI	EXAMINER? 1 YES 2 NO 1 PITAL: 1 Pinpetlant 2 ER/Outp	stient 3 DOA	OTHER:	PLACE OF DEATH (C/			
ВУ РНҮ	27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIM	IE OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
ETED	3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	street, factory, o	ffica	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowl one) 2 MEDICAL EXAMINER: On the best of axamination	edga, death occurre	ed at the time, o	eta end place, and due	to the cause(a) and ma	anner as stated and due to the	cause(a) and manner as state
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER ALONG C. WILL THE M.C.	<u> </u>		D4136	S	29d. DATE S	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE. George E. Wicks III M.	D. Lik	perty 1	redical (Center		
	31. JAN 1600 Day 1992	TURE	**				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Contract so to strengt.

MAY 25, 1039 (METHODE

219 24 5888 0 25

LINLARY MEDICAL CENTER

THE THE

D.96. UF M.

2 YEARS CLAIMS DROAWLIER SUCLAIL SECRETS COMMUNISTRATION

HILLS . SALIN

MARGIEL JANET LONG

1...

7200 CARLISLE AVENUE BALTISKS", KATHIANN JI216

ARAUTUS VENDRIAL PARK 1/14/02 HALTPSORE, VARYLOWN

LEWIS T. CHYRN FINGUAL HOPE "1315-5785 ASSI PARK HEIGHTS AVE. BALTIMORE; MARGIAND BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
	ages 1, 2	
	permit. P	
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ing physic	the buria	
or attend	r use as	
hospital	ached fo	9
d by the	ld be det	d at on
e retaine	e 5 shou	notifie
6 may t	ector, pag	must be
ath. Page	uneral din	aminer
s after de	by the fe	'ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
24 hour	y filled in	the me
ted within	completel	event,
be execu	cian and or to buri	aumatic
ertificate	is certificate has been signed by the attending physician and completely filled in by the forth the State Dept, of Health and Mertal Hygiene prior to burial, cremation, or removal.	other tr
e death o	the attend Mental Hy	jury, or
es that th	gned by	s any in
aw requir	s been si	3 show
AN: The	ifficate ha	r item 2
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this cert	arked, o
TENDING	R: A	28 is m.
AL DR AT	THE FUNERAL DIRECTO	If Item 2
E HOSPIT	E FUNER	RTANT:
H	三年	율

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLANI	D / DEPAR	RTMENT OF	HEALTI	H AND	MENTA		E		431
	1. DECEDENT'S NAME (First, Middle, Last)			OLITTI	TOATE O	FULF	ПП	2. DATE	REG. NO.			3. TIME OF DEATH
	Emma Marie Hein	old						MON]	[" - 1]	- 9	YEAR	130 A. W
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEA	-	ER 24 HRS.	7. DATE	OF BIRTH		6. BIRTHP	LACE (State or Foreign
	217-05-5509	1 M 2 F	□ M 2 X F 84 YRS.			HOURS	MIN.	0.	th, Day, Year) 2-21-07	7	Mary	land
or l	90. FACILITY NAME (If not institution, give s						EATH	EATH 9c. COUNTY OF DEATH		ATH		
Ē	131 Versailles C	ircle Ap	cle Apt. D Towson					Baltim		Ltimo	ore County	
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
3	Maryland Balt	imore Co	unty	T	owson							LIMITS?
AL	10e. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZ		AT COUNTRY?		
FUNERAL	131 Versailles Ci	rcle Apt	. D			2120	04			U.	S.A.	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN	T EVER IN U.S.		13. WAS E	ECENDENT	OF HISPA	NIC ORIGI	N? (Specify Yee Rican, etc.)	or No-	14. RACE	- American Indian, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE V			1 🗆 Y	ES 2 XX	Speci	hy:	Filcan, etc.)		Specify	
	15. DECEDENT'S EDU	CATION	18e.	. DECEDENT'S	USUAL OCCUPA	TION		163	. KIND OF BUS	INESS (INDI	CTDV	WILLE
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT us	work done during	most of worl	ding	100	. KIND OF BUS	MINESS/INDU	SIRT	
MP	12			Home	maker					N/A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1			Middle, Melden			
B	John Henry Stroh	meyer							Rebecc			
2	190. INFORMANT'S NAME (Type/Print)				ADDRESS (Street							
	Emily Jeanne Whi	tmarsn					Rd.				_	ind 21093
	1 A Buriat 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State			of disposition		01	OAT		CATION — CI		n, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		Ta Mila							i.Te,	maryland
	John G. Reit	- 1-1	1956))					eld Ho			
		10	100	3	6.	00 Y	ork i	Rd. E	Baltimo	re, M	aryl	and 21212
	23. PART I. Enter the diseases, or o shock, or heart failure.	List only one cau	sa on each i	igeath. Do r lina.	ot entar the r	noda of d	ying, suc	h as can	diac or respir	ratory arre	st,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	Va	0 - 100	v	ARTE	nV	7	1.6	me C			Onset and Death
	resulting in death)	W11	(OR AS A CON				-	1126	1/25			YEARLS
z		h			,							
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	OUE TO	(OR AS A CON	SEQUENCE OF	7):							
S	CAUSE (Disease or Injury	c										
Ē	that initiated events resulting in death) LAST	DOE 10	(OR AS A CON	SEQUENCE OF	7):							
B		d										
ÄL	PART II. Other significant condition	s contributing to	death but no	ot resulting i	n the underly	ng cause	given in	Part I.	24a. WAS AN A	AUTOPSY MED2		VERE AUTOPSY FINDINGS
MEDIC									1 YES 2		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
											1	YES 2 NO
PHYSICIAN:	25 WES CASE DEFENDED TO ALCOHOLI											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF E	DEATH (Ch	eck only on	ne)			
14S	1 YES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 I		3 DOA	4 - Nursing Ho		eeldence					
- 10	1 Natural 5 Pending	(Month, D	ay, Year)	ZOD, I IMI	URY	VJURY AT VORK? YES 2	7.00	28d, DES	SCRIBE HOW IN	JURY OCCU	REO	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At	home, farm, s	treet, lactory, of		_	281 LOC	ATION (Street en	ad Mumbar o	Burni Co.	do Africado -
Ä	4 Homicide determined	building,	etc. (Specify)	-				City	or Town, State)	-	nurar not	ne number,
PLE	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge.	death occurre	d at the time de	te and place	and due	An Abraham				
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the besia of a	amination end/	or investigation	n, in my opinion,	death occu	red at the	time, date	and piece, end	due to the	Couse(e) s	and manner as eteled
ш	29b. SIGNATURE AND TITLE OF CERTIFIER		100		-	-	ENSE NUA					fonth, Day, Year)
0	John &	Jan	-	_ 14	\sim	7		74		DATE:	I T	97
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (I		Print)			_			2	
	JOHN 6- 31. DATE FILED (Month, Day, Meer)	L R	1 1	CIM	6	212	yoru	14)	DA	U H	U	41212
	JAN 1 3 1992	guna W	r's signature Widdon-V	jundale								

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7	death
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SECO.	requires
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2 10	PHYSICIAN:
DIVISION OF VITAL MECCADS, P.O. BOA 13149,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
=	OR.
	SPITAL

860 4 31. DATE FILED AND PHY. Pay. There 992

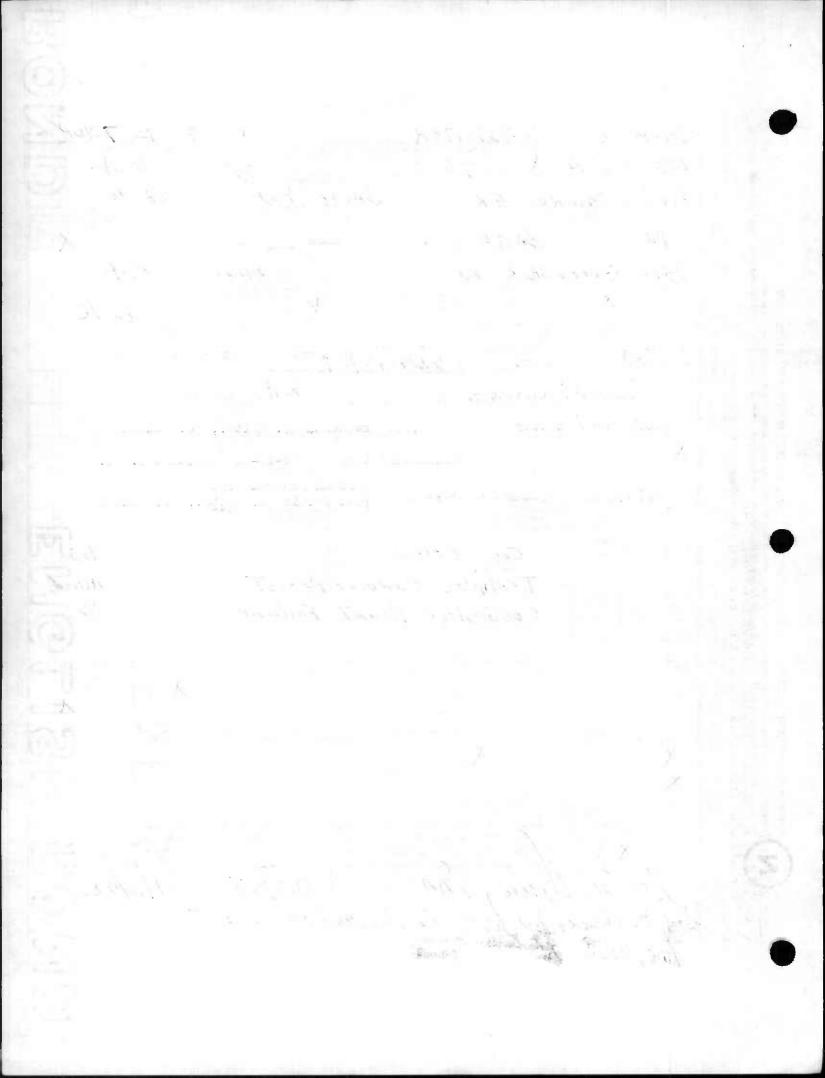
	1. DECEDENT'S	NAME (First, Middle, Last	HAN	SEN	ICATE OF	DEATH	2. DATE OF DE	G. NO. ATH DAY	year 3. TIME OF DEATH
	4. SOCIAL SEC 217 34	4315	5. SEX 8. AGE	(In yrs. last birthday) 71 yns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, Aug. 20	1920	8. BIRTHPLACE (State or Foreign Country)
O.B.	Merid		street and number) 11 Nursing Ho	ome		WSON	EATH		ry of DEATH altimore
DIRECTOR	10a. STATE								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET A	ND NUMBER 10 Emge Ro	ad		1	101. ZIP CODE 2120	04		EN OF WHAT COUNTRY? J S A
BY FUN	1	TATUS rried 2 Merried 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2- NO	If yes,	ECENDENT OF HISPA appecity Cuban, Mexico ES 2 NO Speci	en, Puerto Ricen,		14. RACE — American Indian, Black, White, atc. Specify: White
PLETED	Elementary 8	15. DECEDENT'S EL (Specify only highest gra (Secondary (0-12)			s USUAL OCCUPA work done during is ise retired.) Sales			of Business/INDU	
E COMPL	17. FATHER'S NAME (First, Middle, Last) Michael Isaksen 18. MOTHER'S NAME (First, Middle, Maiden Surname) Maren Siljan								
TO B		Greta Klu	g	19b. MAILING 937	Metfiel	t and Number or Rural d Road	Route Number, City Towson,	y or Town, State, Zip Md.	^{Code)} 21204
	4 🗆 Donation	OF DISPOSITION Cremation 3 Re 5 Other (Specify)		reen Mou	_	etery		Baltimo	ore, Md.
	> 9	Sherma	the Berny, St.	ny		AND ADDRESS OF F CHELL-WI O York Ro		HOME, Il Ltimore,	
	23. PART I.	Enter the diseases, on the second time condition		each iine.	not anter the m	00 York Renode of dying, suc	oad Ba	ltimore,	Md . 21212 est, Approximate interval Bate Onset and C
ERTIFICATION	23. PART I. IMMEDIATE disease or cresulting in Sequentisilismy, laadi cause. Ente CAUSE (Disthat Initiate	Enter the diseases, o shock, or heart failure CAUSE (Finel condition death)	a. Arterio 3 DUE TO (OR AS	each iine.	not anter the r	00 York Renode of dying, suc	oad Ba	ltimore,	Md . 21212 est, Approximate interval Batt Onset and D
MEDICAL CERTIFICATION	23. PART I. IMMEDIATE disease or cresulting in Sequentisily if sny, laadi cause. Ente CAUSE (Disthat initiate- resulting in	Enter the diseases, of shock, or heart failure CAUSE (Finel condition death) r list conditions, ing to immediate r to DERLYING esse or injury di events dasth) LAST	a. Arterio 3 DUE TO (OR AS	A CONSEQUENCE O	not anter the recovery of the control of the contro	OO York Ronode of dying, sur	oad Bai	ltimore,	Md . 21212 Approximate interval Bets Onset and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL CERTIFICATION	23. PART I. IMMEDIATE disease or resulting in Sequentisily if sny, leading cause. Enter CAUSE (Distinct initiate resulting in PART II. Other cause. Examiner in the cause i	Enter the diseases, o shock, or heart failure CAUSE (Finel condition death) I list conditions, ing to immediate r UNDERLYING ease or injury dievents death) LAST HEREFERREO TO MEDICAL 17	complications that cause e. List only one cause on a	A CONSEQUENCE O	OF): OF): OF): OTHER:	OO York Ronode of dying, sur	oad Bai	VAS AN AUTOPSY PERFORMED? YES 2 \(\) NO	Md . 21212 ast, Approximate interval Bate Onset and D 24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL
IYSICIAN: MEDICAL CERTIFICATION	23. PART I. IMMEDIATE disease or cresulting in Sequentisilitismy, leadicause. Ente CAUSE (Disthat Initiate- resulting in PART II. Oth 25. WAS CASE EXAMINET 1 YES 27. MANNER C	Enter the diseases, o shock, or heart failure CAUSE (Finel condition death) / list conditions, ing to immediate r UNDERLYING ease or injury dievents death) LAST REFERRED TO MEDICAL TO M	r complications that cause e. List only one cause on a a	A CONSEQUENCE OF A CONS	OF): OF):	OO York Ronode of dying, sur	pad Ba	VAS AN AUTOPSY PERFORMED? YES 2 \(\) NO	Md . 21212 ast, Approximate interval Betwonest and D 24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. IMMEDIATE disease or cresulting in Sequentisility if any, leading cause. Enter CAUSE (District initiate resulting in PART II. Other cause. Examiner 1 — YES 27. MANNER C	Enter the diseases, o shock, or heart failure cause (Finel condition death) I list conditions, and to immediate runDERLYING ease or injury disease or injury disease. The resignificant conditions are significant conditions. REFERRED TO MEDICAL TO MEDIC	r complications that cause e. List only one cause on a a	A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C but not resulting topatient 3 DOA 28b. Ti	OF): OF): OF): OF): OF): OTHER: 4 © MURING H	OO York Ronode of dying, such and a such and a such and a such and a such a suc	Part i. 24a. 1 Describe	WAS AN AUTOPSY PERFORMED? YES 2 \(\text{NO} \) I (Street and Number	Md . 21212 ast, Approximate interval Betwonest and D 24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. iMMEDIATE disease or of resulting in Sequentisity if any, leadi cause. Ente CAUSE (Dis that initiate- resulting in PART II. Oth 25. WAS CASE EXAMINET 1 YES 27. MANNER C 1 Natur 2 Accid 3 Suick	Enter the diseases, o shock, or heart failure CAUSE (Finel condition death) I list conditions, and to immediate r UNDERLYING ease or injury dievents death) LAST REFERRED TO MEDICAL TO M	r complications that cause e. List only one cause on a a	A CONSEQUENCE OF A CONS	OF): OF): OF): OF): OF): OF): A OTHER:	Ing cause given in PLACE OF DEATH (COME 5 Residence INJURY AT WORK? YES 2 NO	Part I. 24a. 1 Part I. 24a. 1 Describer (Spe 28d. Describer City or Red	WAS AN AUTOPSY PERFORMED? YES 2 \(\text{NO} \) I (Street and Number m, Stele)	Md . 21212 Dest, Approximete interval Bett Onset and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO DOT Rural Route Number,

man g m m m m m m m ٢ e a sa sa e e e

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made after death with the State Dest, of Health and Mental Hygiene prior to burial, cremation, or removal.	the state of the s
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V: The	State De	Stame of
HYSICIA	is certif	
PING PH	After th	
ATTEN	ECTOR:	
-5	E 2	

AN 13 1992

	FOR_	STATE OF MARYLAND /	/ DEPARTMEN	T OF HEALTH AND	MENTAL HYGIEN	92	00499
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			E OF DEATH	REG. NO.		3. TIME OF DEATH
100	JOSEPH B	HOFSTETTE 5. SEX 8. AGE (In yrs. In	E LININE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	92	
	218-07-7396	10 M 2 D F 73	YRS. MONTHS	DAYS HOURS MIN.	3/15/18	Cou	SA
OR	Se. FACILITY NAME (IT not institution, give stre Freaklin Squar		B. CIT	ALTO, H	2	BAC	
DIRECTOR	RESIDENCE OF DECEMENT 100. STATE 100. COUNTY	0	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	CALIC	,	Chase 101. ZIP CODE		10g. CITIZEN OF	1 VES 2 NO
FUNERAL	1320 Green	12. WAS DECEDENT EVER IN U.S. AL		WAS DECENDENT OF HISPA	2/220 NIC ORIGIN? (Specify Yes	9 or No — 14. RA	CE — American Indian, ack, White, etc.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2753 IF YES, GIVE WAR OR DATES	gio .	If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Hican, etc.) fy:		ish. Le
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 years	completed) ((ECEDENT'S USUAL (Give kind of work done in. Do NOT use retired.)	during most of working		Steel C	
COM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Melden Se Humphr		
TO BE	190. INFORMANT'S NAME (Type/Print) Naomi F. Hofste			SS (Street and Number or Rural	Route Number, City or Tow	m, State, Zip Code)	
	20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo	20b. PLACI	E AND DATE OF DIS		DATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify)			. NAME AND ADDRESS OF F	ACILITY	Ltimore,	Md.
	Leusen 3	Juneral Ho		assahn Fune: 401 Belair 1		Md. 2	1236
	23. PART Enter the diseases, or contains the second sec	Liat only one cause on each lin	10.	r the mode of dying, su	ch as cardiec or reap	iratory arrest,	Approximate interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CONSE	EQUENCE OF):	Appa	7		144.0
ATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE CONGESTIVE	EOUENCE OF):	T Gil	110		Yes
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):	<u> </u>	750		
PHYSICIAN: MEDICAL CI	PART II. Other algorificant conditions	s contributing to death but not	resulting in the u	indarlying causa given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YOU
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: \/		28. PLACE OF DEATH (C	theck only one)		
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 DeR/Outpatient 28e. DATE OF INJURY	3 DOA 4 No	FR: uraing Home 5 ☐ Residence 28c. INJURY AT	8 Other (Specify)	INJURY OCCURED	
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year) 28e. PLACE OF INJURY — AI h	INJURY	WORK? 1 YES 2 NO			
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	Tome, raint, street, is	owy, unite	28f. LOCATION (Street City or Town, State		m route Number,
COMPLETED	anal /	CIAN: To the best of my knowledge, on the beste of examination end/or					e(s) end menner ee stated.
D BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Jeun , h.	1	29c. LICENSE NI	353	≥ / //2	DIP 2
-	MANE AND ADDRESS OF PERSON WHI	COMPLETED CAN'SE OF DEATH (IT	EM 27) (Nine Print)				



DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 247fours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hield within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.			Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creman		24 Tours after death. Page 6 may be retained by the hospital or attending physician.	r filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, tion, or removal.
4	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation
		1	4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	·	
1. DECEDENT'S NAME (First, Middle, Last)	Dondone				2. DATE OF DEATH DON'TH D	AY YEAR	3. TIME OF DEATH
Cielleen	Henderso				1 8		1 08351
4. SOCIAL SECURITY NUMBER 220:18:4739	5. SEX 6. AGE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7 8. BIF	TTHPLACE (State or Foreign
98. FACILITY NAME (IT not institution, give s St. JOSEPH HOSPIL	treet and number) M 1620 40	rk Rd	Towsa	R LOCATION OF DI	EATH	Balti	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
Maryland Bal	ltimore City		imore				LIMITS? YES 2 NO
100. STREET AND NUMBER 4321 Newport A			101	ZIP CODE 21	211	U.S.	A.
11. MARITAL STATUS 1 Never Married 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S ZYNO	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, If 1 YES 2 ONO Specify:		nn, Puerto Ricen, atc.)		
1s. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U: (Give kind of wo	SUAL OCCUPATION done during more retired.)	N st of working	16b. KIND OF BU	SINESS/INDUSTR	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Bookkeer			Real	Estate	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Malder	Surnama)	
Wilbur Harris				Myr1	Wilhelm		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Code	
William R. Hender	cson	432:	l Newpo	rt Avenu	e. Baltimo		
20a. METHOD OF DISPOSITION 1 XXBurial 2 Cremation 3 Ram		tob. PLACE ANO DATE of cemetary, crematory of		(Name	DATE 20c. LO	CATION — City o	r Town, Stata
4 Donation 5 Other (Specify)		vilaney Va.	lley Mer			eysvill	e, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	01		o address of fa ee-Henss	Funeral H	Iome	
Minn	+JUNGEL	HIMAS	3631	Falls R	oad Ralti	more M	aryland 212
23. PART I. Enter the diseases, or	complications that ceus List only one ceuse on		t enter the mo	de of dying, suc	ch ee cárdlac or reep	iratory erreat,	Approximate Interval Between
iMMEDIATE CAUSE (Final	List only one ceuse on	eech line.					Onset and De
disease or condition	Much	0.0	1	1.			Ida
resulting in death)	DIM TO (OR AS	A CONSEQUENCE OF	Jane	11000	1		7
	. UIN	11/ A.	4. n.	r lucia.			5de
Sequentielly list conditions, if eny, leading to immediate	DUE TO OH AS	A CONSEQUENCE OF)	:	1 4 1/010			1
cause. Enter UNDERLYING	. 5/P A	ita Bol.		Buckes			5days
CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	in I	71			1 3
reaulting in death) LAST	· Acuts	Reund	Faile	u			3days
							- 0
PART ii. Other algnificent condition	ne contributing to death	but not reaulting in	the underlyin	g ceuse given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINOIN AVAILABLE PRIOR TO
Cerebrovasaul	as Disease				1 TYES 2 W NO		COMPLETION OF CAUS OF DEATH?
cold							1 YES 2 NO
							7.41
25. WAS CASE REFERRED TO MEDICAL		THE PERSON	26. P	LACE OF DEATH (C	heck only one)		
EXAMINER?	HOSPITAL:		OTHER:	a 8 - Carldon-	8 Other (Special)		
27. MANNER OF DEATH	26a. DATE OF INJUR			URY AT	8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUPE	D
1 Natural 5 Pending	(Month, Day, Year		INJURY WORK?				
2 Accident investigation	250 DI ACE OF 1111	M 1 YES 2					
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
, , , , , , , , , , , , , , , , , , ,						27	
Creck Drity	ICIAN: To the best of my kn	owiedge, death occurred	s at the time, date	and place, and du	e to the cause(a) and m	enner as stated,	
one) 2 MEDICAL EXAMIN	ER: On the basis of axamina	tion and/or investigation	, in my opinion,	leath occured at th	e time, data and place, a	and due to the cau	rse(a) and manner as state
285. SIGNATURE AND TITLE OF CERTIFIE	n /			29c. LICENSE NU	JMBER	29d. DATE SIG	NED (Month, Day, Year)
VV. +na	165	1- 111	2	77/	204	D 11	8/92
30 NAME AND ADDRESS OF PERSON W	10.COMPLETED CAUSE OF	OFATH (ITEM 27) (Tons	Printi	10 16	181	1 /	2,72
121 14	-	-		1 11	1,	10	2123
NOBERT JEFFREY	BRESLIN W	1) (000.	Samari	ton Hospi	tal 56016	ch RAYE	V1) [Vd 1)2/7
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE					
JAN 453-1992	Icha Davidson	Burla 10					

